


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-04-2005 90068 012 ***150.00

DOCUMENT # P02000049640	
1. Entity Name FLORIDA CHIROPRACTIC CLINICS, INC.	

Principal Place of Business 5290 SEMINOLE BLVD A&B SEMINOLE FL 33708	Mailing Address 5290 SEMINOLE BLVD A&B SEMINOLE FL 33708
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66008376



1st MOORE CR2E034 (10/04)

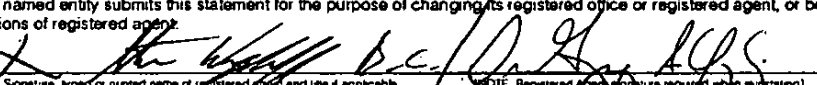
2. Principal Place of Business 5290 SEMINOLE BLVD.	3. Mailing Address 5290 SEMINOLE BLVD.
Suite, Apt. #, etc. A&B	Suite, Apt. #, etc. A&B
City & State St. Petersburg, FL	City & State St. Petersburg
Zip 33708	Zip 33708
Country U.S.A.	Country U.S.A.

4. FEI Number 42-1535386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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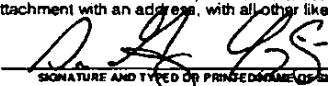
6. Name and Address of Current Registered Agent WYCKOFF, STEVEN 12731 82ND AVE N SEMINOLE FL 33776	
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7. Name and Address of New Registered Agent	
Name DR. GREG YINGLING	
Street Address (P.O. Box Number is Not Acceptable) 12800 VONN RD. Apt # 8002	
City LARGO	FL Zip Code 33774

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.	
SIGNATURE 	DATE 2/2/05 / 3/2/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE YINGLING, GREG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YINGLING, GREG		NAME	
STREET ADDRESS 12800 VONN RD #8002		STREET ADDRESS	
CITY-ST-ZIP LARGO FL 33774		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 2/2/05 (707) 398-2988