2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000064300

1. Entity Name
WINTER SPRINGS CHIROPRACTIC CENTER, P.A.

Principal Place of Business	Mailing Address
1340 TUSKAWILLA ROAD SUITE 112 WINTER SPRINGS, FL 32708	1340 TUSKAWILLA ROAD SUITE 112 WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
30-0094272	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ALAN J DR
1340 TUSKAWILLA ROAD
SUITE 112
WINTER SPRINGS, FL 32708

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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 _Alan J Schwart_ _President_ _1/10/05_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCHWARTZ, ALAN J DR
STREET ADDRESS	1340 TUSKAWILLA ROAD SUITE 112
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

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01/13/05-80040-012 150.00

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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: _Alan J Schwart_   ALAN J SchwArtz   1/10/05   407-699-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #