

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096799

FILED
Sep 07, 2005
Secretary of State

Entity Name: OCEAN SPRAY CHIROPRACTIC, P.A.

Current Principal Place of Business:

P.O. BOX 970742
COCONUT CREEK, FL 33097

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970742
COCONUT CREEK, FL 33097

New Mailing Address:

FEI Number: 35-2180312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRUDEN, JAMES L ESQ.
370 WEST CAMINO GARDENS BLVD.
SUITE 210
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SATTERFIELD, LONI H D.C.
Address: 137 EAST WOOLBRIGHT ROAD #105
City-St-Zip: BOYTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SATTERFIELD, LONI H D.C.
Address: P.O. BOX 970742
City-St-Zip: COCONUT CREEK, FL 33097

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONI H. SATTERFIELD

D

09/07/2005

Electronic Signature of Signing Officer or Director

_____ Date