

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098397

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: CHIROPRACTIC PAIN TREATMENT CENTER, INC.

## Current Principal Place of Business:

4724-B GOLDEN GATE PARKWAY  
NAPLES, FL 34116

## New Principal Place of Business:

201 8TH STREET S  
SUITE #201  
NAPLES, FL 34102

## Current Mailing Address:

4315 14TH ST NE  
NAPLES, FL 34120

## New Mailing Address:

201 8TH STREET S  
SUITE #201  
NAPLES, FL 34102

FEI Number: 41-2061715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JUHOS, PETER  
4724-B GOLDEN GATE PARKWAY  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

MINCIELLI, PETER  
201 8TH STREET S  
SUITE # 201  
NAPLES, FL 34102 US

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: PETER MINCIELLI

03/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JUHOS, PETER  
Address: 4724-B GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: ODINO, JOSEPH  
Address: 4724-B GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34116

Title: T/S (X) Delete  
Name: JOSEPH, VERLINE  
Address: 4724-B GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MINCIELLI, PETER  
Address: SUITE-B #203 8358 WEST OAKLAND PARK BLVD.  
City-St-Zip: NAPLES, FL 33351

Title: VP (X) Change ( ) Addition  
Name: JUHOS, PETER  
Address: 201 8TH STREET S , SUITE #201  
City-St-Zip: NAPES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PETER MINCIELLI

P

03/20/2006

Electronic Signature of Signing Officer or Director

Date