# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2005**
**Secretary of State**

DOCUMENT# P02000103350

**Entity Name:** HEALTH SOURCE CHIROPRACTIC, INC.

**Current Principal Place of Business:**

3970 TAMPA ROAD, SUITE G
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

3970 TAMPA ROAD, SUITE G
OLDSMAR, FL 34677

**New Mailing Address:**

PO BOX 1285
OLDSMAR, FL 34677

**FEI Number: 33-1024539** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYERS, JEFF L ESQ.
MYERS & BUTTACI, LLC
4175 EAST BAY DRIVE SUITE 209
CLEARWATER, FL 33764 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPTD ( ) Delete
Name: MAGNANO, DAVID C
Address: 3970 TAMPA ROAD SUITE G
City-St-Zip: OLDSMAR, FL 34677

Title: DS ( ) Delete
Name: MAGNANO, MAGNANO C
Address: 3970 TAMPA ROAD SUITE G
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: DAVID C. MAGNANO PRES 02/15/2005

Electronic Signature of Signing Officer or Director — Date