

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004135

Entity Name: T.L.C. CHIROPRACTIC INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

487-3 E. TENNESSEE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

487-3 E. TENNESSEE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 06-1670378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISEMAN, GREGORY SCOTT
2750 OLD ST. AUGUSTINE ROAD K109
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ISEMAN, GREGORY SCOTT
2018 W. RANDOLPH CIRCLE
TALLAHASSEE, FL 32308 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:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ISEMAN, GREGORY SCOTT
Address: 2750 OLD ST. AUGUSTINE ROAD K109
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEO () Delete
Name: ISEMAN, GREGORY SCOTT
Address: 2750 OLD ST. AUGUSTINE ROAD K109
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ISEMAN, GREGORY SCOTT
Address: 2018 W. RANDOLPH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: CEO (X) Change () Addition
Name: ISEMAN, GREGORY SCOTT
Address: 2018 W. RANDOLPH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

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: GREGORY ISEMAN

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date