

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000013856	
1. Entity Name OCALA CHIROPRACTIC CENTER, PA	

Principal Place of Business 27 SE 11TH AVE OCALA, FL 34471	Mailing Address 27 SE 11TH AVE. OCALA, FL 34471
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0673800	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREINBROOK, DAVID N
27 SE 11TH AVE.
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registrant agent and title if applicable

(NOTE: Registered agent signature required when resigning)

DATE

4/29/05

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

U00000347945

05/02/05-80005-019-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KREINBROOK, DAVID N 27 SE 11TH AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KREINBROOK, LISA 27 SE 11TH AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 amendments empowered.

SIGNATURE

David Kreinbrook

4/29/05

352-732-5590

SIGNATURE AND TYPE OF EMPLOYEE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone