
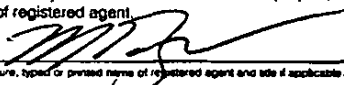



2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-07-2005 90095 036 ***150.00

DOCUMENT # P03000018826			
1. Entity Name ROOSEVELT REHAB AND CHIROPRACTIC, INC.			
Principal Place of Business 1050 SOUTH MCDUFF AVENUE JACKSONVILLE, FL 32205		Mailing Address 1050 SOUTH MCDUFF AVENUE JACKSONVILLE, FL 32205	
2. Principal Place of Business		3. Mailing Address 1211 Blanding Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orange Park, Florida	
Zip	Country	Zip	Country
		32065	Clay
4. FEI Number 11-3677636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KELLISON, LEE G 12276 SAN JOSE BLVD. SUITE 126 JACKSONVILLE, FL 32223		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 2-1-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUCHANAN, MICHAEL R 1050 SOUTH MCDUFF AVENUE JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.			
SIGNATURE: 		Date 3-8-05 (G04) 388246	

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01252005 Chg-P CR2E034 (10/03)