

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021947

FILED
Jan 06, 2005
Secretary of State

Entity Name: SLOSSBERG FAMILY CHIRPRACTIC CENTER, INC.

Current Principal Place of Business:

4895 WINDWARD PASSAGE DRIVE
SUITE 9
BOYNTON BEACH, FL 33436

New Principal Place of Business:

4640 HYPOLUXO RD
SUITE 1
LAKE WORTH, FL 33463

Current Mailing Address:

4895 WINDWARD PASSAGE DRIVE
SUITE 9
BOYNTON BEACH, FL 33436

New Mailing Address:

4640 HYPOLUXO RD
SUITE 1
LAKE WORTH, FL 33463

FEI Number: 14-1873938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOSSBERG, DAVID D.C.
4895 WINDWARD PASSAGE DRIVE
SUITE 9
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

SLOSSBERG, DAVID D.C.
4640 HYPOLUXO RD
SUITE 1
LAKE WORTH, FL 33463 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: DAVID SLOSSBERG

01/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SLOSSBERG, DAVID
Address: 10200 182 LANE SOUTH
City-St-Zip: BOCA RATON, FL 33498

Title: VTD () Delete
Name: SLOSSBERG, AIMEE
Address: 10200 182 LANE SOUTH
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SLOSSBERG, DAVID S
Address: 4640 HYPOLUXO RD, STE. 1
City-St-Zip: LAKE WORTH, FL 33463

Title: VTD (X) Change () Addition
Name: SLOSSBERG, AIMEE
Address: 4640 HYPOLUXO RD, STE. 1
City-St-Zip: LAKE WORTH, FL 33463

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: AIMEE SLOSSBERG

VP

01/06/2005

Electronic Signature of Signing Officer or Director

Date