

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038908

FILED
Apr 30, 2005
Secretary of State

Entity Name: FOUR CORNERS CHIROPRACTIC CENTERS, P.A.

Current Principal Place of Business:

1050 US HIGHWAY 27
SUITE 7
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

3149 ARROW DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 51-0484873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNHART, SCOTT D
3149 ARROW DRIVE
KISSIMMEE, FL 34746 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: PD () Delete
Name: BARNHART, SCOTT D
Address: 3149 ARROW DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: STD () Delete
Name: FORBER-BARNHART, MELANIE
Address: 3149 ARROW DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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: SCOTT D. BARNHART

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date