


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 016 ***150.00


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| DOCUMENT # P03000043142 |  |
| 1. Entity Name DOWNTOWN CHIROPRACTIC AND WELLNESS CENTER, P.A. | |

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| Principal Place of Business 550 NE 49TH STREET OCALA, FL 34479 | Mailing Address 550 NE 49TH STREET OCALA, FL 34479 |
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|--|-----------------------------------|
| 2. Principal Place of Business 1007 SW 1st AVE | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|----------------------------------|--------------------------|
| City & State OCALA, FL | City & State |
| Zip 34474 | Country MARION |

40006811



01242006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 57-1165117 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROBSON, SCRIBNER & STEWART, P.A. 307 NE 36TH AVE. SUITE 1 OCALA, FL 34470 | |
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|--|--------------------|
| 7. Name and Address of New Registered Agent | |
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | P SIMPSON, CHARLES L. DR. 550 NE 49TH STREET OCALA, FL 34479 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SIMPSON, CHARLES L. DR. 1007 SW 1st AVE OCALA, FL 34474 <input checked="" 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 exemptions contained in Chapter 119, 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:  **1/25/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #