


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000051074		
1. Entity Name NU, BEST WHIPLASH INJURY CENTER, INC.		



1st MOORE CR2E034 (10/04)

Principal Place of Business 4159-A CORPORATE CT PALM HARBOR FL 34683		Mailing Address 4159-A CORPORATE CT PALM HARBOR FL 34683	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 54-2109419 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POSTLETHWAITE, JOHN 4159-A CORPORATE CT PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May 2
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POSTLETHWAITE, JOHN 4159-A CORPORATE CT PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000348299 05/02/05-80019-020 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address change or other like empowered.

SIGNATURE:  DR. JOHN POSTLETHWAITE 4-28-05 727-736-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #