

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000069466

1. Entity Name  
FRC CHIROPRACTIC, INC.



Principal Place of Business  
1500 COUNTY ROAD 1  
#275  
DUNEDIN, FL 34698

Mailing Address  
1500 COUNTY ROAD 1  
#275  
DUNEDIN, FL 34698



02062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0713816

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CUNNINGHAM, FREDERICK R  
1500 COUNTY ROAD 1  
#275  
DUNEDIN, FL 34698

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000246804  
02/28/05-80080-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
P,VP  
CUNNINGHAM, FREDERICK R  
STREET ADDRESS  
1500 COUNTY ROAD 1, #275  
CITY - ST - ZIP  
DUNEDIN, FL 34698

TITLE  
NAME  
S,T  
CUNNINGHAM, FREDERICK R  
STREET ADDRESS  
1500 COUNTY ROAD 1, #275  
CITY - ST - ZIP  
DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE: FREDERICK R. CUNNINGHAM, P.C. 2-24-05 727-459-1943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #