

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000072210

1. Entity Name  
WOODBINE FAMILY CHIROPRACTIC CARE, P.A.



Principal Place of Business  
4670 WOODBINE RD.  
PACE, FL 32571

Mailing Address  
4670 WOODBINE RD.  
PACE, FL 32571



01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1060610

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MACKENZIE, NANCY  
4670 WOODBINE RD.  
PACE, FL 32571

**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 \_\_\_\_\_ (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

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME MACKENZIE, NANCY  
STREET ADDRESS 4670 WOODBINE RD.  
CITY-ST-ZIP PACE, FL 32571

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U00000218655  
02/07/05-80070-024 150.00

**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 all other like empowered.

SIGNATURE: XNANCY C. Mackenzie x 1/21/05 x 850 995-5773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #