



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000079696 1. Entity Name A KAUFMAN CHIROPRACTIC CLINIC, INC.	
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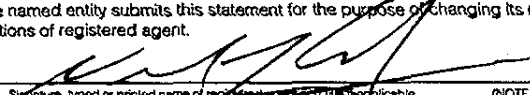
Principal Place of Business 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407	Mailing Address 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE

	
01072005	No Chg-P CR2E034 (10/03)
4. FEI Number 03-0524474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAUFMAN, NEIL 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407
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IN THIS SPACE**

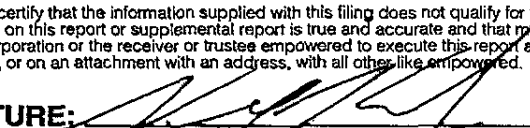
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent or officer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <u>1/7/05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KAUFMAN, NEIL 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KAUFMAN, JACQUELINE 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/10/05-80043-014 150.00

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>1/7/05</u> DAYTIME PHONE: <u>561-842-3500</u>