


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90290 035 ***150.00

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| DOCUMENT # P03000101811 | | | |  | |
| 1. Entity Name BUCHANAN CHIROPRACTIC, P.A. | | | | | |
| Principal Place of Business 1505 RIDGEWOOD ST. ORLANDO, FL 32803 | | | Mailing Address 1505 RIDGEWOOD ST. ORLANDO, FL 32803 | | |
| 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 20-0250930 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BUCHANAN, MARDI 1505 RIDGEWOOD ST ORLANDO, FL 32803 | | | | 7. Name and Address of New Registered Agent Name BUCHANAN CHIROPRACTIC Street Address (P.O. Box Number is Not Acceptable) 819 EAST 1st Street, Suite 8 City SANFORD FL Zip Code 32771 | |
| 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. <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 BUCHANAN, MARDI 1505 RIDGEWOOD ST ORLANDO, FL 32803 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BUCHANAN CHIROPRACTIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 819 EAST 1st Street, Suite 8 SANFORD, FL 32771 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BUCHANAN CHIROPRACTIC <input type="checkbox"/> Delete 819 EAST 1st Street, Suite 8 SANFORD, FL 32771 | | 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 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 *Mardi Buchanan (Mardi Buchanan)*

4-25-05 407-324-9601