


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000121191		
1. Entity Name CHIRO-MEDICAL HEALTH CLINIC, INC.		

FILED
05 SEP 19 PM 2:48

Principal Place of Business 660 N STATE RD 7 #1 PLANTATION, FL 33317 US	Mailing Address 4021 N ANDREWS AVE #6 FORT LAUDERDALE, FL 33309 US
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SECRET
FALL 2005



2. Principal Place of Business 4021 N. Andrews Ave. Suite, Apt. #, etc. #6	3. Mailing Address Suite, Apt. #, etc.
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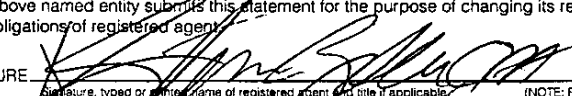
09162005 Chg-P CR2E034 (10/03)

City & State FT. LAUDERDALE, FL	City & State	4. FEI Number 90-0118683	Applied For Not Applicable
Zip 33309	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZALKA, STEPHEN CPA 6437 NW 99TH AVE PARKLAND, FL 33076	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City A 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 	DATE 09/15/05

FILE NOW!! FEE IS \$150.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELEGRINO, DR. SAL J 4021 NORTH ANDREWS AVE #6 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	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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900059748879
09/19/05--01058--024 **150.00

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: 	Date 09/15/05 954396-3908 Daytime Phone #