


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90012 008 ***150.00

DOCUMENT # P04000033168 1. Entity Name LIFE CHIROPRACTIC CENTER, P.A.					
Principal Place of Business 1226 SE PORT ST. LUCIE BLVD. SUITE 1 PORT ST. LUCIE, FL 34952			Mailing Address 1226 SE PORT ST. LUCIE BLVD. SUITE 1 PORT ST. LUCIE, FL 34952		
2. Principal Place of Business 1230 SE P.S.L. Blvd.		3. Mailing Address 1230 SE PSL Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State P.S.L., FL 34952		City & State P.S.L., FL 34952		4. FEI Number 57-1198769	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, GERALD E 431 SW HOMELAND RD PORT ST. LUCIE, FL 34953			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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	D KLEIN, GERALD E 431 SW HOMELAND RD PORT ST. LUCIE, FL 34953 <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	D RUKEYSER, MARTIN N 569 SE NEW CASTLE COVE PORT ST. LUCIE, FL 34986 <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	
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	
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: <i>Gerald E Klein Jr</i> GERALD E. KLEIN 2/2/04 398-8888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					