

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90054 023 \*\*\*150.00

**DOCUMENT # P04000041839**

1. Entity Name  
**LIFEFORCE CHIROPRACTIC, INC.**



Principal Place of Business  
**1520 S BABCOCK ST  
MELBOURNE, FL 32901**

Mailing Address  
**1140 RIVIERA DR  
PALM BAY, FL 32905**

**50006228**



2. Principal Place of Business  
**2200 Port Malabar Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 1**

Suite, Apt. #, etc.

City & State  
**Palm Bay, FL**

City & State

Zip  
**32905**

Country  
**USA**

Zip

Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number  
**74-3116769**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**QUIROGA, ADRIANA  
1520 S BABCOCK ST  
MELBOURNE, FL 32901**

## 7. Name and Address of New Registered Agent

Name  
**QUIROGA, ADRIANA**

Street Address (P.O. Box Number is Not Acceptable)

**2200 Port Malabar Blvd Suite 1**

City  
**Palm Bay**

FL

Zip Code  
**32905**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**1-13-05**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
QUIROGA, ADRIANA  
1140 RIVIERA DR  
PALM BAY, FL 32905**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

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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:

*[Signature]* **ADRIANA QUIROGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-13-05**