

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042654

Entity Name: G & S CHIROPRACTIC, INC

FILED  
Mar 23, 2005  
Secretary of State

## Current Principal Place of Business:

2624 FOREST HILL BOULEVARD  
WEST PALM BEACH, FL 33406 US

## New Principal Place of Business:

## Current Mailing Address:

145 EXECUTIVE CIRCLE  
BOYNTON BEACH, FL 33436 US

## New Mailing Address:

FEI Number: 20-0871227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, STEVEN C  
145 EXECUTIVE CIRCLE  
BOYNTON BEACH, FL 33436 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEINSTEIN, GARRETT R  
Address: 21396 MARINA COVE CIRCLE UNIT J-16  
City-St-Zip: AVENTURA, FL 33180 US

Title: VP ( ) Delete  
Name: COHEN, STEVEN C  
Address: 145 EXECUTIVE CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WEINSTEIN, GARRETT R  
Address: 10865 BLUE PALM STREET  
City-St-Zip: PLANTATION, FL 33324 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C COHEN

V.P.

03/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date