

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043532

FILED
Mar 24, 2005
Secretary of State

Entity Name: WHITFIELD CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

6815 14TH STREET W
SUITE 105
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8477
NAPLES, FL 34101

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARC L. SHAPIRO, P.A.
720 GOODLETTE ROAD NORTH
SUITE 304
NAPLES, FL 34102 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, D () Delete
Name: JOSEPH, ODINO
Address: 1316 WHITFIELD AVENUE, UNIT 104
City-St-Zip: SARASOTA, FL 34243 US

Title: STD () Delete
Name: JOSEPH, VERLINE
Address: 1316 WHITFIELD AVENUE, UNIT 104
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: JOSEPH, ODINO
Address: 6815 14TH STREET W SUITE 104
City-St-Zip: BRADENTON, FL 34207 US

Title: STD (X) Change () Addition
Name: JOSEPH, VERLINE
Address: 6815 14TH STREET W SUITE 104
City-St-Zip: BRADENTON, FL 34207 US

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: JOSEPH ODINO

PD

03/24/2005

Electronic Signature of Signing Officer or Director

Date