

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071960

FILED
Apr 29, 2005
Secretary of State

Entity Name: CHIROPRACTIC JACKSONVILLE, INC.

Current Principal Place of Business:

4111 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4111 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 20-1073274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, TINA M
10747 BODDENS RD
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

WARREN, TINA M
7547 GINGER TEA TRAIL W
JACKSONVILLE, FL 32244 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARREN, TINA M
Address: 10747 BODDENS RD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: VP () Delete
Name: WARREN, TINA M
Address: 10747 BODDENS RD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: S () Delete
Name: WARREN, TINA M
Address: 10747 BODDENS RD
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: T () Delete
Name: WARREN, TINA M
Address: 10747 BODDENS RD
City-St-Zip: JACKSONVILLE, FL 32219 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARREN, TINA M
Address: 7547 GINGER TEA TRAIL W
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP (X) Change () Addition
Name: WARREN, TINA M
Address: 7547 GINGER TEA TRAIL W
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: S (X) Change () Addition
Name: WARREN, TINA M
Address: 7547 GINGER TEA TRAIL W
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: T (X) Change () Addition
Name: WARREN, TINA M
Address: 7547 GINGER TEA TRAIL W
City-St-Zip: JACKSONVILLE, FL 32244 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: TINA M WARREN DC

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date