

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 040 ***150.00

DOCUMENT # P04000122215
 1. Entity Name
 FAMILY CHIROPRACTIC WORKS SOUTH, INC.



Principal Place of Business: 8809 COMMODITY CIRCLE, SUITE 3, ORLANDO, FL 32819
 Mailing Address: 8809 COMMODITY CIRCLE, SUITE 3, ORLANDO, FL 32819

20049611



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02242005 Chg-P CR2E034 (10/03)

4. FEI Number: **27-0101394** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: DRAVES, DONNA L, 120 E. CONCORD STREET, ORLANDO, FL 32801
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: SILBERSTEIN, CRAIG I STREET ADDRESS: 8809 COMMODITY CIRCLE, SUITE 3 CITY-ST-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ATKINS, SABRINA R STREET ADDRESS: 8809 COMMODITY CIRCLE, SUITE 3 CITY-ST-ZIP: ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SILBERSTEIN, JARED STREET ADDRESS: 8809 COMMODITY CIRCLE, SUITE 3 CITY-ST-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jared Silberstein 4/22/05 (407) 354-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #