

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90027 043 \*\*\*550.00

<b>DOCUMENT # P04000123352</b> 1. Entity Name <b>WEST SHORE CHIROPRACTIC, INC.</b>					
Principal Place of Business <b>4427 W. KENNEDY BLVD. SUITE 395 TAMPA, FL 33609-2060 US</b>			Mailing Address <b>1028 W. PIONEER PKWY SUITE 100 ARLINGTON, TX 76013 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07262005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>20-1541169</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PLAMBECK, MICHAEL K</b> <b>1028 W. PIONEER PKWY, STE 100</b> <b>ARLINGTON, TX 76013</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <b>GISSNER, JENNIFER D</b> <b>1028 W. PIONEER PKWY, STE 100</b> <b>ARLINGTON, TX 76013</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Michael K Plambeck</u> <u>Michael K Plambeck</u> <u>7/26/05</u> <u>(817) 960-1005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					