

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137838

FILED
Jan 25, 2005
Secretary of State

Entity Name: HEALTHY LIVING CHIROPRACTIC WELLNESS CENTER, P.A.

Current Principal Place of Business:

6998 N US HWY 27 SUITE 110
OCALA, FL 34482

New Principal Place of Business:

6998 N US HWY 27 SUITE 110
STE. 110
OCALA, FL 34482

Current Mailing Address:

6998 N US HWY 27 SUITE 110
OCALA, FL 34482

New Mailing Address:

FEI Number: 57-1213255 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ORTA, PEDRO
6998 N US HWY 27 SUITE 110
OCALA, FL 34482 US

Name and Address of New Registered Agent:

ORTA, PEDRO
6998 N US HWY 27 SUITE 110
STE. 110
OCALA, FL 34482 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: _____

Electronic Signature of Registered Agent

01/25/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: BD () Delete
Name: ORTA, PEDRO
Address: 6998 N US HWY 27 SUITE 110
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PEDRO ORTA

Electronic Signature of Signing Officer or Director

BD

01/25/2005

Date