

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165340

FILED  
Aug 02, 2005  
Secretary of State

Entity Name: WE CARE CHIROPRACTIC, INC

## Current Principal Place of Business:

913 METRO PLACE  
264  
ORLANDO, FL 32811

## New Principal Place of Business:

800 PAUL STREET, SUITE A  
ORLANDO, FL 32808

## Current Mailing Address:

P O BOX 620001  
ORLANDO, FL 32862

## New Mailing Address:

FEI Number: 20-1985881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

THORPE, LYSANDER  
6327 PINEY GLEN LANE  
ORLANDO, FL 32819      US

## Name and Address of New Registered Agent:

MOISE, PIERRE C  
913 METRO PLACE APT 264  
ORLANDO, FL 32811      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: PIERRE C. MOISE

08/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THELUSMA, ROBERTO  
Address: 6636 POMEROY CIRCLE  
City-St-Zip: ORLANDO, FL 32810

Title: V (X) Delete  
Name: VILSAINT, EVENS  
Address: 1005 E. BUCHANON AVENUE APT 3  
City-St-Zip: ORLANDO, FL 32809

Title: T (X) Delete  
Name: MOISE, PIERRE  
Address: 913 METRO PLACE APT 264  
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete  
Name: PIERRE, HENRY  
Address: 6233 LYNETTE STREET  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PIERRE, HENRY C  
Address: 6233 LYNETTE STREE  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PIERRE, HENRY C  
Address: 6233 LYNETTE STREET  
City-St-Zip: ORLANDO, FL 32809

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: HENRY C. PIERRE

P

08/02/2005

Electronic Signature of Signing Officer or Director

Date