

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000019223

1. Entity Name  
SEVEN SPRINGS CHIROPRACTIC, INC.



**FILED  
Mar 28, 2005 08:00 AM  
Secretary of State**

Principal Place of Business

7256 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

Mailing Address

7256 STATE ROAD 54  
NEW PORT RICHEY, FL 34653



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number  Applied For  
59-3225958 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CIRONE, FRANK  
7256 S.R. 54  
NEW PORT RICHEY, FL 34653

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MANCUSI, JOSEPH M DC  
STREET ADDRESS 7079 RED OAK LOOP  
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

U000000278636  
03/28/05-A0034-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Re: 1/18/05

Date

Daytime Phone #