

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90052 022 ***150.00

DOCUMENT # P95000007046	
1. Entity Name WILLIAM V. ADRAGNA, D.C., C.C.S.P., P.A.	



Principal Place of Business 3452 WEST BOYNTON BEACH BLVD. SUITE 11 BOYNTON BEACH, FL 33436	Mailing Address 3452 WEST BOYNTON BEACH BLVD. SUITE 11 BOYNTON BEACH, FL 33436
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2. Principal Place of Business 1210 S. Federal Highway	3. Mailing Address 1210 S. Federal Highway
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102

City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33435	Zip 33435
Country PBC	Country PBC

6. Name and Address of Current Registered Agent ADRAGNA, WILLIAM V. 3452 W BOYNTON BEACH BLVD SUITE 11 BOYNTON BEACH, FL 33436	7. Name and Address of New Registered Agent William V. Adagna, D.C., C.C.S.P., P.A. 1210 S. Federal Hwy. Ste. 102 Boynton Beach, FL 33435
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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADRAGNA, WILLIAM V 3452 WEST BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William V. Adagna, D.C., C.C.S.P., P.A. 1210 S. Federal Hwy. Ste. 102 Boynton Beach, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: William V. Adagna D.C. William V Adagna D.C. 3/1/05 734-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #