

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038121

FILED
Apr 01, 2005
Secretary of State

Entity Name: LERNER FAMILY CHIROPRACTIC CENTRE, P.A.

Current Principal Place of Business:

700 W. VINE ST. STE#101
KISSIMMEE, FL 34741

New Principal Place of Business:

604 FRONT STREET
CELEBRATION, FL 34747

Current Mailing Address:

700 W. VINE ST. STE#101
KISSIMMEE, FL 34741

New Mailing Address:

703 3ASTLAWN DR
CELEBRATION, FL 34747

FEI Number: 59-3321427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, BEN
700 W. VINE STREET
SUITE 101
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LERNER, BEN
703 EASRTLAWN DR
CELEBRATION, FL 34741 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: BENJAMIN LERNER

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LERNER, BEN
Address: 700 W. VINE ST. STE#101
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LERNER, BEN
Address: 703 EASTLAWN DR
City-St-Zip: CELEBRATION, FL 34747

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: BENJAMIN LERNER

PRES

04/01/2005

Electronic Signature of Signing Officer or Director

Date