



**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90277 013 \*\*\*150 00

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P95000053771</b> 1. Entity Name <b>CHIROPRACTIC ACCOUNTING SERVICES, INC.</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>2998 LYNDEBROOKE CT FALLSTON, MD 21047 US</b></div><div>Mailing Address <b>16644 VALLEY DR. TAMPA, FL 33618 US</b></div></div>		<div style="text-align: right;"><b>Secretary of State</b> 04-25-2005 90277 013 ***150.00</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>04122005</span><span>Chg-P</span><span>CR2E034 (10/03)</span></div>																																																																																																												
<div style="display: flex; justify-content: space-between;"><div style="width:48%;"><b>2. Principal Place of Business</b> <b>16619 Palm Royal Drive</b> Suite, Apt. #, etc. <b># 211</b> City &amp; State <b>Tampa, Florida</b> Zip <b>33647</b> Country <b>U.S.A.</b></div><div style="width:48%;"><b>3. Mailing Address</b> <b>16619 Palm Royal Drive</b> Suite, Apt. #, etc. <b># 211</b> City &amp; State <b>Tampa, Florida</b> Zip <b>33647</b> Country <b>U.S.A.</b></div></div>		<div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><b>4. FEI Number</b> <b>52-1944676</b></div><div><b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b></div></div> <div style="margin-top: 10px;"><b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></div>																																																																																																												
<div style="display: flex; justify-content: space-between;"><div style="width:48%;"><b>6. Name and Address of Current Registered Agent</b> <b>BEARD, ROBERT G JR</b> <b>16644 VALLEY DRIVE</b> <b>TAMPA, FL 33618</b></div><div style="width:48%;"><b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____</div></div>																																																																																																														
<b>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.</b>																																																																																																														
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div style="text-align: center;"><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div style="text-align: right;"><small>DATE</small> _____</div></div>																																																																																																														
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b></div> <div style="display: flex; justify-content: space-between;"><div><b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/></div><div><b>\$5.00 May Be Added to Fees</b></div></div>																																																																																																														
<div style="display: flex; justify-content: space-between;"><div style="width:48%;"><b>10. OFFICERS AND DIRECTORS</b><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:40%;">PTD</td><td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>AUGUSTINE, LINDA J</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2998 LYNDEBROOKE CT</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>FALLSTON, MD 21047</td><td></td></tr><tr><td>TITLE</td><td>SD</td><td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BEARD, ROBERT G JR.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>16644 VALLEY DRIVE</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>TAMPA, FL</td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table></div><div style="width:48%;"><b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE</td><td style="width:40%;">Secretary</td><td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>16619 Palm Royal Drive, #211</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>Tampa, FL. 33647</td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table></div></div>			TITLE	PTD	<input type="checkbox"/> Delete	NAME	AUGUSTINE, LINDA J		STREET ADDRESS	2998 LYNDEBROOKE CT		CITY - ST - ZIP	FALLSTON, MD 21047		TITLE	SD	<input checked="" type="checkbox"/> Delete	NAME	BEARD, ROBERT G JR.		STREET ADDRESS	16644 VALLEY DRIVE		CITY - ST - ZIP	TAMPA, FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS	16619 Palm Royal Drive, #211		CITY - ST - ZIP	Tampa, FL. 33647		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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<b>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.</b>																																																																																																														
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;"><b>4 20-05 (813) 917-3122</b> <small>Date Daytime Phone #</small></div></div>																																																																																																														