2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P95000064978

Entity Name: AATAVIC CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3500 E FLETCHER AVE
STE 204
TAMPA, FL 33613 US

New Principal Place of Business:

13910 N. DALE MABRY HWY.,
SUITE 1
TAMPA, FL 33618 US

Current Mailing Address:

13025 WHISPER SOUND DR.
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 65-0603242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAJU, R.G.
3105 W. WATERS AVENUE
SUITE 105
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KABARIA, HARSHA
Address: 3500 E FLETCHER AVE STE 204
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KABARIA, HARSHA V DC
Address: 13025 WHISPER SOUND DR.
City-St-Zip: TAMPA, FL 33618

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: HARSHA KABARIA, DC PD 04/27/2005
Electronic Signature of Signing Officer or Director Date