2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P96000011923

Entity Name: A PLACE OF HEALTH CHIROPRACTIC, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

2655 E OAKLAND PK BLVD
FT LAUDERDALE, FL 33306

New Principal Place of Business:

2655 E OAKLAND PK BLVD
#4
FT LAUDERDALE, FL 33306 US

Current Mailing Address:

2655 E OAKLAND PK BLVD
4
FT LAUDERDALE, FL 33306

New Mailing Address:

2655 E OAKLAND PK BLVD
4
FT LAUDERDALE, FL 33306 US

FEI Number: 65-0644105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, DONNA
2655 E OAKLAND PK BLVD
4
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

WATSON, DONNA DR
2655 E OAKLAND PK BLVD
4
FT. LAUDERDALE, FL 33306 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: DR DONNA WATSON 07/07/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: WATSON, DONNA
Address: 2655 E. OAKLAND PK BLVD
City-St-Zip: FT. LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: WATSON, DONNA
Address: 2655 E. OAKLAND PK BLVD #4
City-St-Zip: FT. LAUDERDALE, FL 33306 US

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: DONNA WATSON DR 07/07/2005
Electronic Signature of Signing Officer or Director Date