## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000069937

FILED Feb 23, 2005 Secretary of State

Entity Name: CHIROPRACTIC CARE OF THE TREASURE COAST, P.A.

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 761 STUART, FL 349950761 **Current Mailing Address: New Mailing Address:** P O BOX 761 STUART, FL 349950761 FEI Number: 65-0708061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAW OFFICE OF LAURI J GOLDSTEIN 1330 S FEDERAL HIGHWAY STUART, FL 34994 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** ( ) Delete Title: **PVST** (X) Change ( ) Addition Name: SCHER, ELLITO N Name: SCHER, ELLIOTT N 2807 SW BEAR PAW TRAIL 2807 SW BEAR PAW TRAIL Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: SCHER, ELLIOT Name: SCHER, ELLIOTT

Address: 2807 SW BEAR PAW TRAIL

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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: ELLIOTT SCHER PRES 02/23/2005