2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000081018

City-St-Zip:

Entity Name: DR. CRAIG SELINGER, D.C., P.A.

FILED Apr 09, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	/ CASTLE B TON, FL 33433	US		/BREEZE WAY TON, FL 33428	US	
Current M	lailing Address	s:	New Maili	New Mailing Address:		
	/ CASTLE B TON, FL 33433	US		/BREEZE WAY TON, FL 33428	US	
FEI Number:	: 65-0781827	FEI Number Applied For ()	FEI Number Not App	licable () C	ertificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Nev	w Registered Agent:	
SELINGER, CRAIG 2023 NEW CASTLE B BOCA RATON, FL 33433 US			11055 BAY	SELINGER, CRAIG 11055 BAYBREEZE WAY BOCA RATON, FL 33428 US		
	named entity so e of Florida.	ubmits this statement for the	purpose of changing	its registered offic	ce or registered agent, or both,	
SIGNATU	RE:			04/09/2005		
	Electroni	c Signature of Registered Ag	jent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () I SELINGER, CRA 2023 NEW CAST BOCA RATON, F	TLE B	Title: Name: Address: City-St-Zip:	P (X) Change () Addition SELINGER, CRAIG 11055 BAYBREEZE WAY BOCA RATON, FL 33428		
Title: Name: Address: City-St-Zip:	VP () SELINGER, CRA 2023 NEW CAST BOCA RATON, F	TLE B	Title: Name: Address: City-St-Zip:	VP (X) C SELINGER, CRAIC 11055 BAYBREEZ BOCA RATON, FL	ZE WAY	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SEC () CI SELINGER, CRAIG 11055 BAYBREEZ BOCA RATON, FL	ZE WAY	
Title: Name: Address:	()	Delete	Title: Name: Address:	TRES () CI SELINGER, CRAIC 11055 BAYBREEZ		

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.

City-St-Zip: BOCA RATON, FL 33428

SIGNATURE: CRAIG SELINGER PRES 04/09/2005