

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000092933	
1. Entity Name URMOS CHIROPRACTIC HEALTH CENTER, P.A.	



Principal Place of Business 2870 GULF BREEZE PKWY GULF BREEZE, FL 32563	Mailing Address 2870 GULF BREEZE PKWY GULF BREEZE, FL 32563
---	---

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3475831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

URMOS, CYNTHIA
2870 GULF BREEZE PWY
GULF BREEZE, FL 32563

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS URMOS, CYNTHIA E DR. 2870 GULF BREEZE PWY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000222454
02/10/05-80001-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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, and 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 by 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.

SIGNATURE: Dr. Cynthia Urmos Dr. Cynthia Urmos 2-1-05 (850) 932-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #