2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P97000107738

Entity Name: LEE CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

1920 S 14TH ST
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1920 S 14TH ST
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-3483891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARMAND, TERRY B
303 CENTRE ST
SUITE 201
FERNANDINA BEACH, FL 32034 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: DPS ( ) Delete
Name: LEE, ELIZABETH
Address: 1920 S. 14TH ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DVT ( ) Delete
Name: LEE, JOSEPH M
Address: 1920 S 14TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH LEE DPS 04/14/2005

Electronic Signature of Signing Officer or Director — Date