2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000009348

1. Entity Name
TOTAL HEALTH CHIROPRACTIC CENTER, P.A.

Principal Place of Business	Mailing Address
13129-A N DALE MABRY HWY STE 401 TAMPA, FL 33618 US	13129-A N DALE MABRY HWY STE 401 TAMPA, FL 33618 US

DO NOT WRITE IN THIS SPACE

01032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3489699	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICE, CHARLES W
5010 MIRROR RIDGE CRT.
LUTZ, FL 33558

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000340208
04/28/05-80104-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	RICE, CHARLES W JR
STREET ADDRESS	5010 MIRROR RIDGE CRT.
CITY-ST-ZIP	LUTZ, FL 33558

TITLE	
NAME	
STREET ADDRESS	
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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. I further certify 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, 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Charles W Rich_ Charles W Rice Jr 04/26/05 813-269-0

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