2005 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Name
DR. PAMELA SHACKLEY, D.C., P.A.

Principal Place of Business	Mailing Address
1217 EAST AVE S SUITE 207 SARASOTA, FL ~~34236~~	1217 EAST AVE S SUITE 207 SARASOTA, FL ~~34236~~

2. Principal Place of Business		3. Mailing Address	
1217 East Ave S.		1217 East Ave S	
Suite, Apt, #, etc. Suite 207		Suite, Apt. #, etc. Suite 207	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34239	Country Sarasota	Zip 34239	Country Sarasota

06292005 Chg-P CR2E034 (10/03) 05

4. FEI Number 65-0846860 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHACKLEY, PAMELA 1217 EAST AVENUE SOUTH SARASOTA, FL 34239	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 6/29/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHACKLEY, PAMELA DCPA 1217 EAST AVENUE SOUTH SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 6/29/05 941-955-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #