


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000024115	
1. Entity Name CHIROPRACTIC PHYSICIANS REHABILITATION NETWORK INC.	

Principal Place of Business 2711 MICHIGAN AVE KISSIMMEE, FL 34744	Mailing Address CPRN P.O. BOX 452272 KISSIMMEE, FL 34744
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04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3559465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RODRIGUEZ, PHRANKIE 12900 LOS ALAMITOS CT ORLANDO, FL 32837

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

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	U00000351188 05/02/05-80135-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, PHRANKIE 12900 LOS ALAMITOS CT ORLANDO, FL 32837
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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)(f), 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:  **4/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #