

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90006 027 \*\*\*150.00

**DOCUMENT # P99000025059**

1. Entity Name  
**ATLAS CHIROPRACTIC, INC.**



Principal Place of Business  
**33385 US 19 NORTH  
PALM HARBOR, FL 34684**

Mailing Address  
**33385 US 19 NORTH  
PALM HARBOR, FL 34684**

**50061160**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**59-3564621**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**RAUCH, JOHN  
7 ISLAND PARK PLACE #304  
DUNEDIN, FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2774 JARVIS CIRCLE**

City

**PALM HARBOR**

**FL**

Zip Code

**34683**

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
RAUCH, JOHN  
7 ISLAND PARK PLACE #304  
DUNEDIN, FL 34698** ☐ 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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

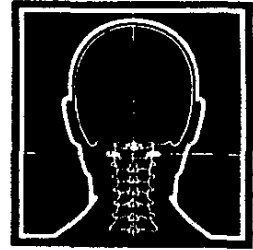
Date

Daytime Phone #

**Rauch**

**Chiropractic Wellness Center**

ATTACHMENT  
SD 061160



John Rauch, D.C.  
Atlas Orthognist

August 2, 2005

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Document #P99000025059

Gentlemen:

In regards to your letter of July 18, 2005 and the return of our documents, we never received the annual report notice. We were, therefore, unable to complete the form and submit it with our check for \$150.00.

We are now attaching the completed annual report that you sent to us and returning our check for \$150.00. Hopefully this will resolve any questions you may have.

Sincerely,

John M. Rauch, DC