

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000109245

1. Entity Name
CARE CHIROPRACTIC & WELLNESS CENTER, INC.



Principal Place of Business
2104 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904

Mailing Address
2104 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALSH, BRIAN P
2104 W. NEW HAVEN AVE.
W. MELBOURNE, FL 32904

**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

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**

U000000280594
03/30/05-80025-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALSH, BRIAN P
STREET ADDRESS	2104 W. NEW HAVEN AVE.
CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	S
NAME	WALSH, ANN M
STREET ADDRESS	2104 W. NEW HAVEN AVE.
CITY-ST-ZIP	W. MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:

Ann M. Walsh ANN M. WALSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/05
Date

321-728-1387
Daytime Phone #