2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# S59270

Entity Name: SOUTH BEACH CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

1674 MERIDAN AVENUE
SUITE 203
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1674 MERIDIAN AVENUE
SUITE 203
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0270273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NILSSEN, SIGRID
1674 MERIDIAN AVE SUITE 20B
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

NILSSEN, SIGRID
1674 MERIDIAN AVE SUITE 203
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: SIGRID NILSSEN 04/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NILSSEN, SIGRID,
Address: 1865 79TH ST CSWY
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NILSSEN, SIGRID,
Address: 1865 79TH ST CSWY
City-St-Zip: MIAMI, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGRID NILSSEN PRES 04/11/2005
Electronic Signature of Signing Officer or Director Date