


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S65798 1. Entity Name PLATT CHIROPRACTIC CLINIC, P.A.	
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Principal Place of Business 280 S.W. 32ND STREET OKEECHOBEE, FL 34974	Mailing Address 280 S.W. 32ND STREET OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0273581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLATT, JOHN KEVIN
280 S.W. 32ND STREET
OKEECHOBEE, FL 34974

**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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLATT, JOHN KEVIN 280 S.W. 32ND STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PLATT, VICKI 280 SW 32ND STREET OKEECHOBEE, FL 34974
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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____