

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00267

FILED
May 12, 2005
Secretary of State

Entity Name: CHIROPRACTIC HEALTH, INC.

Current Principal Place of Business:

1025 N. CONGRESS AVE 'A'
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1025 N. CONGRESS AVE. STE 'A'
WEST PALM BEACH, FL 33415

New Mailing Address:

1025 N. CONGRESS AVE. STE 'A'
WEST PALM BEACH, FL 33409

FEI Number: 65-0301116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, BRIAN A
1025 N. CONGRESS AVE. STE. 'A'
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, BRIAN A.,
Address: 1025 N. CONGRESS AVE STE 'A'
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN A. CAMPBELL

D

05/12/2005

Electronic Signature of Signing Officer or Director

Date