2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90312 025 ***150.00

DOCUMENT # V02574

1. Entity Name
JOHNSTON CHIROPRACTIC HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
1105 NORTHWEST 13TH STREET GAINESVILLE, FL 32601	1105 NORTHWEST 13TH STREET GAINESVILLE, FL 32601

200035110

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1405 NW 13th St	1405 NW 13th St.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Gainesville FL	City & State: Gainesville, FL
Zip: 32601 Country: ~~Alachua~~ USA	Zip: 32601 Country: USA

4. FEI Number: 59-3097785 ☐ Applied For ☐ Not Applicable

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
JOHNSTON, PATRICIA G. 1105 NORTHWEST 13TH STREET GAINESVILLE, FL 32601	Name: Patricia G. Johnston Street Address (P.O. Box Number is Not Acceptable): 1405 NW 13th St City: Gainesville FL Zip Code: 32601

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: Patricia G Johnston

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSTON, JOHN 1105 NW 13TH ST. GAINESVILLE, FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1405 NW 13 St. Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSTON, PATRICIA 1105 NW 13TH ST. GAINESVILLE, FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1405 NW 13th St. Gainesville, FL 32601
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

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: Patricia G Johnston 4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #