

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90324 030 ***150.00

DOCUMENT # V28240

1. Entity Name
CHIROMED CHIROPRACTIC CENTER, INC.



Principal Place of Business
**P.O. BOX 152517
TAMPA, FL 33684**

Mailing Address
**P.O. BOX 152517
TAMPA, FL 33684**

**P.O. Box 1794
Jonesboro GA 30237**

00039421



DO NOT WRITE IN THIS SPACE

04132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3127384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, SUZIE
3807 LANDINGS WAY DRIVE
TAMPA, FL 33624**

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, HARRY W.
STREET ADDRESS	750 MORROW INDUSTRIAL BLVD.
CITY - ST - ZIP	JONESBORO, GA 30236
TITLE	S
NAME	BROWN, NANCY
STREET ADDRESS	750 MORROW INDUSTRIAL BLVD.
CITY - ST - ZIP	JONESBORO, GA 30236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 #