

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V70204

FILED  
Apr 24, 2005  
Secretary of State

**Entity Name:** WEST PALM BEACH CHIROPRACTIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

1495 FOREST HILL BLVD.  
SUITE D  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1495 FOREST HILL BLVD.  
SUITE D  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

**FEI Number:** 65-0362799      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITTELDORF, BRIAN  
20142 PALM ISLAND DR  
BOCA RATON, FL 33498 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** MITTELDORF, BRIAN  
**Address:** 1495 FOREST HILL BLVD #D  
**City-St-Zip:** W PALM BCH, FL

**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 MITTELDORF D.C. P.A.

PD

04/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date