

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000013856  
 1. Entity Name  
 OCALA CHIROPRACTIC CENTER, PA



Principal Place of Business: 27 SE 11TH AVE, OCALA, FL 34471  
 Mailing Address: 27 SE 11TH AVE, OCALA, FL 34471



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 02-0673800 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  
 KREINBROOK, DAVID N  
 27 SE 11TH AVE.  
 OCALA, FL 34471

**DO NOT WRITE IN THIS SPACE**

6. 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]* DATE: 4/29/05  
Signature, typed or printed name of registrant agent and title if applicable. (NOTE: Registered agent signature required when resigning)

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE: OP	NAME: KREINBROOK, DAVID N
STREET ADDRESS: 27 SE 11TH AVE.	CITY - ST - ZIP: OCALA, FL 34471
TITLE: ST	NAME: KREINBROOK, LISA
STREET ADDRESS: 27 SE 11TH AVE.	CITY - ST - ZIP: OCALA, FL 34471
TITLE:	NAME:
STREET ADDRESS:	CITY - ST - ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY - ST - ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY - ST - ZIP:

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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 an attachment with an address, with all other like empowered.  
 SIGNATURE: *[Signature]* David Kreinbrook DATE: 4/29/05 352-732-5590  
Signature and Title of Signer Name of Signing Officer or Director Date Daytime Phone #