

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90010 037 ***150.00

DOCUMENT # P02000048228 1. Entity Name ORTEGA CHIROPRACTIC CORP.					
Principal Place of Business 5539 ROOSEVELT BLVD JACKSONVILLE, FL 32244 US			Mailing Address 5539 ROOSEVELT BLVD JACKSONVILLE, FL 32244 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 43-1952532				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLAGHER & COMPANY, P.A. 2323 EAGLES NEST ROAD JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004 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 DIESEN, JAMES D 5539 ROOSEVELT BLVD JACKSONVILLE, FL 32244 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Read, Steven C 5539 Roosevelt Blvd Jacksonville, FL 32244 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James D. Disen</u> JAMES DIESEN 1/13/04 904 425-4545 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

