


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90043 007 \*\*\*150.00

**DOCUMENT # P03000020530**

1. Entity Name  
**WINDMILL CHIROPRACTIC, P.A.**



Principal Place of Business      Mailing Address

**17160 ARVIDA PKWY., SUITE 1, BLDG. J  
 WESTON FL 33326**      **17160 ARVIDA PKWY., SUITE 1, BLDG. J  
 WESTON FL 33326**

94037544



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address

**17160 ARVIDA PKWY**      **17160 ARVIDA PKWY**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite # 1**      **Suite # 1**

City & State      City & State

**Weston, FL**      **Weston, FL**

Zip      Country      Zip      Country

**33326**      **U.S.A.**      **33326**      **USA**

4. FEI Number      Applied For

**48-1303172**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BEHAR, RICK J  
 1850 HIDDEN TRAIL LANE  
 WESTON FL 33327**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. **PRESIDENT** OFFICERS AND DIRECTORS

TITLE	<b>RICK BEHAR</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	<b>1850 HIDDEN TRAIL LN</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>MARC BRAUNER</b>	
STREET ADDRESS	<b>1607 ORION LN</b>	
CITY-ST-ZIP	<b>WESTON, FL 33327</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**  **RICK BEHAR**      **3/23/04**      **954.217.4881**

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