

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

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

Mailing Address

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

94037544



MOORE

CR2E034 (11/03)

2. Principal Place of Business

17160 ARVIDA PKWY

Suite, Apt. #, etc.

Suite # 1

City & State

Weston, FL

Zip
33326

Country

U.S.A.

3. Mailing Address

17160 ARVIDA PKWY

Suite, Apt. #, etc.

Suite # 1

City & State

Weston, FL

Zip

33326

Country

USA

4. FEI Number

48-1303172

Applied For

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

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

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 **RICK BEHAR** ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
**1850 HIDDEN TRAIL LN
WESTON, FL 33327**

TITLE **VICE PRESIDENT** ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
**MARK BROWER
1607 ORION LN
WESTON, FL 33327**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK BEHAR 3/23/04

Date

954.217.4881

Daytime Phone #