

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90002 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                     |                                                                                 |                                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000040382</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                                                     |                                                                                 |                                                                                                                                                   |  |
| <b>1. Entity Name</b><br><b>WEST COAST MEDICAL AND CHIROPRACTIC GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                     |                                                                                 |                                                                                                                                                   |  |
| <b>Principal Place of Business</b><br>12955 BISCAYNE BLVD, STE 202<br>NORTH MIAMI, FL 33181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                                                     | <b>Mailing Address</b><br>12955 BISCAYNE BLVD, STE 202<br>NORTH MIAMI, FL 33181 |                                                                                                                                                   |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                                                                     | <b>3. Mailing Address</b>                                                       |                                                                                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                     | Suite, Apt. #, etc.                                                             |                                                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                     | City & State                                                                    |                                                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | Country                                                                             |                                                                                 | Zip                                                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | Country                                                                             |                                                                                 | 4. FEI Number<br><b>56-2354638</b>                                                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                                     |                                                                                 | Applied For<br>Not Applicable                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>POMERANZ, MARK L ESQ</b><br><b>12955 BISCAYNE BLVD, STE 202</b><br><b>NORTH MIAMI, FL 33181</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                                     |                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                     |                                                                                 |                                                                                                                                                   |  |
| <b>FILE NOW!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                 | \$5.00 May Be<br>Added to Fees                                                                                                                    |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                     |                                                                                 |                                                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                    |                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D PERCY, KEN <input checked="" type="checkbox"/> Delete<br>12955 BISCAYNE BLVD, STE 202<br>NORTH MIAMI, FL 33181 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | D P EILEEN DVORKIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>17230 W. DIXIE HWY<br>N. MIAMI BEACH, FL 33160 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |  |
| 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. |                                                                                                                  |                                                                                     |                                                                                 |                                                                                                                                                   |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                     | 7-26-04 305 948 9777                                                            |                                                                                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                     | Date Daytime Phone #                                                            |                                                                                                                                                   |  |

66432185



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