


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 031 ***158.75

DOCUMENT # P03000079073			
1. Entity Name PINECREST CHIROPRACTIC P.A.			
Principal Place of Business 11118-4 SW 132ND PLACE MIAMI, FL 33186		Mailing Address 11118-4 SW 132ND PLACE MIAMI, FL 33186	
2. Principal Place of Business <i>12177 South Dixie Highway</i>		3. Mailing Address <i>12177 South Dixie Highway</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pinecrest, FL</i>		City & State <i>Pinecrest, FL</i>	
Zip <i>33156</i>	Country <i>USA</i>	Zip <i>33156</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent ESTEVEZ, VICTOR DR. 11118-4 SW 132ND PLACE MIAMI, FL 33186		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: _____ (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. <input type="checkbox"/> \$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 ESTEVEZ, VICTOR DR. 11118-4 SW 132ND PLACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <i>Same</i> <i>12177 South Dixie Highway</i> <i>Pinecrest, FL 33156</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>		Date <i>3-30-04</i> Daytime Phone # <i>305 234-4725</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			