

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004507

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** KOLE CHIROPRACTIC & REHAB CENTER, P.A.

**Current Principal Place of Business:**

3220 COVE BEND DRIVE  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

3220 COVE BEND DRIVE  
TAMPA, FL 33613 US

**New Mailing Address:**

FEI Number: 65-0549184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOLE, DOUGLAS DC  
221 PAULS DR ST. E  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

KOLE, DOUGLAS DC  
3220 COVE BEND DRIVE  
TAMPA, FL 33613 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/06/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KOLE, DOUGLAS  
Address: 15507 FENTRESS COURT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS KOLE

Electronic Signature of Signing Officer or Director

DP

01/06/2004

Date