

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000028162

FILED
Apr 28, 2004
Secretary of State

Entity Name: PELLETIERE FAMILY CHIROPRACTIC, P.A.

Current Principal Place of Business:

10915 BONITA BEACH RD., STE. 1111
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9138 BONITA BEACH RD.
BONITA SPRINGS, FL 34135

Current Mailing Address:

10915 BONITA BEACH RD., STE. 1111
BONITA SPRINGS, FL 34135

New Mailing Address:

9138 BONITA BEACH RD.
BONITA SPRINGS, FL 34135

FEI Number: 59-3561301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLETIERE, MICHELE
10915 BONITA BEACH RD., STE. 1111
BONITA SPRINGS, FL 34135

Name and Address of New Registered Agent:

PELLETIERE, MICHELE
9138 BONITA BEACH RD.
BONITA SPRINGS, FL 34135

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:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: PELLETIERE, MICHELE
Address: 9895 CITADEL LN., #207
City-St-Zip: BONITA SPRINGS, FL 34135

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: MICHELE L. PELLETIERE

DR.

04/28/2004

Electronic Signature of Signing Officer or Director

Date