

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81010

FILED
Feb 01, 2004
Secretary of State

Entity Name: T.L.C. CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

6555 NW 36 ST.
207
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 960782
MIAMI, FL 33296 US

New Mailing Address:

6555 NW 36 ST.
207
MIAMI, FL 33166 US

FEI Number: 65-0284044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIRALDEZ, SERGIO
15244 SW 140 ST.
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIRALDEZ, SERGIO,
Address: 15244 SW 140TH ST.
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIRALDEZ, SERGIO J OWNER
Address: 15244 SW 140TH ST.
City-St-Zip: MIAMI, FL 33196

Title: D () Change (X) Addition
Name: DEL CAMPILLO, MARIA OWNER
Address: 15244 S.W. 140 ST.
City-St-Zip: MIAMI, FL 33196

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: DR. MARIA DEL CAMPILLO

D

02/01/2004

Electronic Signature of Signing Officer or Director

_____ Date