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May 21, 2004 8:00 am
Secretary of State
04-30-2004 90251 021 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 574751

1. Entity Name
SPIEGEL CHIROPRACTIC CLINIC, INC.

66423362

Principal Place of Business	Mailing Address
121 NORTH FRANKLIN STREET SEBRING, FL 33870	121 NORTH FRANKLIN STREET SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1833504
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL, JAMES R.
121 NORTH FRANKLIN STREET
SEBRING, FL 33870

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $160.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SPIEGEL, O. ARNOLD
STREET ADDRESS	1100 HOTIYEE AVE
CITY-ST-ZIP	SEBRING, FL
TITLE	P
NAME	SPIEGEL, JAMES R.
STREET ADDRESS	427 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL
TITLE	S
NAME	SPIEGEL, GLOA
STREET ADDRESS	1100 HOTIYEE AVE
CITY-ST-ZIP	SEBRING, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mrs. Penny A. Spiegel 5-19-04 863 385 7318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mrs. Penny A. Spiegel, Secry. of Corporation