

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 603949

1. Entity Name

L. THORTON OWEN CHIROPRACTIC CLINIC,
PROFESSIONAL ASSOCIATION



Principal Place of Business

4611 LAKE WORTH ROAD
LAKE WORTH FL 33463
US

Mailing Address

4611 LAKE WORTH ROAD
LAKE WORTH FL 33463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1496167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWEN, L THORNTON
4611 LAKE WORTH ROAD
LAKE WORTH FL 33463

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OWEN, JR., D.C., L.T.
STREET ADDRESS 4611 LAKE WORTH ROAD
CITY - ST - ZIP LAKE WORTH FL

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

000000029805
02/04/04-80080-024 150.00

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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:

Dr. L. Thornton Owen Jr.

1/29/04 861-965-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #