2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2004 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # 604464 1. Entity Name WEBB CHIROPRACTIC CLINIC, P.A.							Secretary of State					
Principal Place of Business 787 E. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34952-2274			7	Mailing Address 787 E. PRIMA VISTA BLVD. PORT ST. LUCIE, FL 34952-22		274						
2. Principal Place of Business				3. Mailing Address				[]]]		<u> </u>	i(0.0)	
Suite, Apt. #, etc.				Suite, Apt. #. etc.	<u>. </u>	02052004	Chg-P	CR2E03	4 (10/03)			
City & State				City & State	<u> </u>		4. FEI Number 59-1483	162			oplied For ot Applicable	
Zip	Country			Zip Coun		ntry		Status Desired	F	8.75 Add ee Require		
6. Name and Address of Current Registered Agent						.7. Name and Address of New Registered Agent Name						
WEBB, JACK 787 E. PRIMA VISTA BLVD.						Street Address (P.O. Box Number is Not Acceptable)						
PORT ST. LUCIE, FL 34952-2274												
						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.												
SIGNATURESquature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when respectating) DATE .												
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
		Fee will be		Trust Fund Cor	ntribution.		led to Fees				ا مرا	
10. TITLE	OFFICERS AND			CTORS Delete	11.		ADDITIONS/Q	HANGES TO OFF			S IN 11 Addition	
NAME	WEBB, JACK			NAME STEELS						Сhапде	□ Modition	
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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.												

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR