


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|--|--|---|---|
| DOCUMENT # 648871 1. Entity Name INTERBAY CHIROPRACTIC CENTER, DAVID HUFFMAN, D.C., P.A. | | | |  | |
| Principal Place of Business 501 S MACDILL AVE SUITE 1 TAMPA FL 33609 | | | Mailing Address 501 S MACDILL AVE SUITE 1 TAMPA FL 33609 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 59-1957833 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUFFMAN, DAVID 501 S MACDILL AVE SUITE 1 TAMPA FL | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUFFMAN, DAVID 503 S. MACDILL, STE. 1 TAMPA FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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MOORE CR2E034 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David B Huffman* **David B Huffman** 1-21-04 813 8762529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #