

2004 FOR PROFIT CORPORATION ANNUAL REPORT


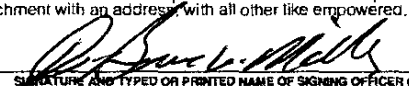
FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90237 003 ***158.75

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04042004 Chg-P CR2E034 (10/03)

DOCUMENT # F56678					
1. Entity Name CHIROPRACTIC & MEDICAL CENTER, INC.					
Principal Place of Business 201 W. LAUREL STREET SUITE 611 TAMPA, FL 33602			Mailing Address P.O. BOX 23294 TAMPA, FL 33622		
2. Principal Place of Business P.O. Box 23294		3. Mailing Address P.O. Box 23294			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State		4. FEI Number 59-2114752	
Zip 33622		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, BRUCE W 201 W. LAUREL STREET SUITE 611 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1417 Walden Oaks Pl City Plant City FL Zip Code 33563		
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> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PVST MILLER, BRUCE W 201 W. LAUREL STREET, SUITE 611 TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Miller, Bruce W 1417 Walden Oaks Pl Plant City FL 33563 <input checked="" 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4-5-04 813-679-7580		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		