


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90194 012 ***150.00

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # F98496 1. Entity Name FAMILY CHIROPRACTIC HEALTH CENTER, INC. | | | | | |
| Principal Place of Business 13070 CORTEZ BLVD. BROOKSVILLE, FL 34613 | | | Mailing Address P.O. BOX 845 BROOKSVILLE, FL 34605 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  04292004 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | | |
| Zip Country | | Zip Country | | | |
| 4. FEI Number 59-2132375 | | | | 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 WEBER, LORRAINE 13070 CORTEZ BLVD. BROOKSVILLE, FL 34613 | | | 7. Name and Address of New Registered Agent Name: <u>David K. Dahmer</u> Street Address (P.O. Box Number is Not Acceptable): <u>13070 Cortez Blvd.</u> City: <u>Brooksville</u> FL Zip Code: <u>34613</u> | | |
| 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: <u>David K. Dahmer</u> <u>David K. Dahmer</u> <u>4-29-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE)</small> | | | | | |
| 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 | P. DAHMER, DAVID K SR. <input type="checkbox"/> Delete 26197 MOUNTAIN LAKE RD. BROOKSVILLE, FL 34602 | | 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 | <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 | <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: <u>David K. Dahmer</u> <u>David K. Dahmer</u> <u>4-29-04</u> <u>(352) 596-1801</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |