



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 044 ***150.00

DOCUMENT # G53603 1. Entity Name SCOLA CHIROPRACTIC, P.A.					
Principal Place of Business % JOHN E. SCOLA 8911 BRIGHTON LANE BONITA SPRINGS, FL 34135			Mailing Address % JOHN E. SCOLA 8911 BRIGHTON LANE BONITA SPRINGS, FL 34135		
2. Principal Place of Business <i>Scola Chiropractic, P.A.</i> Suite, Apt. #, etc. 16517 Vanderbilt Drive, Suite 1 City & State Bonita Springs, FL Zip 34134 Country USA		3. Mailing Address 16517 Vanderbilt Drive Suite, Apt. #, etc. Suite 1 City & State Bonita Springs, FL Zip 34134 Country USA			
4. FEI Number 59-2308864		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 SCOLA, JOHN E. 2705 A TAMiami TRAIL PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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		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 <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP SCOLA, JOHN E 2705 A TAMiami TRAIL PORT CHARLOTTE, FL 33952			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 16517 Vanderbilt Drive Suite 1 Bonita Springs, FL 34134		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP VP Ogilvie, Shari 16517 Vanderbilt Drive, Suite 1 Bonita Springs, FL 34134			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>John E. Scola</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/14/04 Daytime Phone # 239-390-9800		