

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70106

FILED
Feb 16, 2004
Secretary of State

Entity Name: WELSH CLINIC OF CHIROPRACTIC, P.A.

Current Principal Place of Business:

5121 EHRLICH RD
109
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5121 EHRLICH RD
109
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-2439498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELSH, SUSAN
5121 EHRLICH RD, STE 109
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

WELSH, SUSAN
5121 EHRLICH RD
SUITE 109
TAMPA, FL 33624 US

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.

SIGNATURE:

02/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELSH, SUSAN,
Address: 5121 EHRLICH RD SUITE 109
City-St-Zip: TAMPA, FL

Title: V () Delete
Name: MARTIN, THOMAS E
Address: 9401 HANLON DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WELSH, SUSAN,
Address: 5121 EHRLICH RD SUITE 109
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WELSH

P

02/16/2004

Electronic Signature of Signing Officer or Director

Date