

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74420

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: MERRILL-RINALDI CHIROPRACTIC CENTER, P.A.

## Current Principal Place of Business:

1747 EVANS RD  
MELBOURNE, FL 32904

## New Principal Place of Business:

1900 S. HARBOR CITY BLVD.  
SUITE 109  
MELBOURNE, FL 32901

## Current Mailing Address:

1747 EVANS RD  
2323 S. BABCOCK ST.  
MELBOURNE, FL 32904

## New Mailing Address:

1900 S. HARBOR CITY BLVD  
SUITE 109  
MELBOURNE, FL 32901

FEI Number: 59-2587874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RINALDI, FRANCES J.  
2323 S. BABCOCK ST.  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

RINALDI, FRANCES J.  
1900 S. HARBOR CITY BLVD.  
SUITE 109  
MELBOURNE, FL 32901 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:

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MERRILL, ANDRE J.,  
Address: 1747 EVANS RD  
City-St-Zip: MELBOURNE, FL 32904

Title: DST ( ) Delete  
Name: RINALDI, FRANCES J.,  
Address: 1747 EVANS RD  
City-St-Zip: MELBOURNE, FL 32904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MERRILL, ANDRE J.,  
Address: 1900 S. HARBOR CITY BLVD. SUITE 109  
City-St-Zip: MELBOURNE, FL 32901

Title: DST (X) Change ( ) Addition  
Name: RINALDI, FRANCES J.,  
Address: 1900 S. HARBOR CITY BLVD. SUITE 109  
City-St-Zip: MELBOURNE, FL 32901

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: ANDRE J. MERRILL

DP

02/04/2004

Electronic Signature of Signing Officer or Director

Date