

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39776

FILED  
Apr 22, 2004  
Secretary of State

**Entity Name:** COURTENAY CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

1175 N COURTENAY PKWY  
STE 1-A  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

1175 N COURTENAY PKWY  
STE 1-A  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

**FEI Number:** 59-2912103      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOXIE, SHELDON  
1175 N COURTENAY #1A  
MERRITT ISLAND, FL 32953

**Name and Address of New Registered Agent:**

HOXIE, SHELDON M DR  
1175 N COURTENAY PARKWAY  
SUITE 1A  
MERRITT ISLAND, FL 32953

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: DR. SHELDON M. HOXIE      04/22/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: HOXIE, SHELDON  
Address: 1175 N COURTENAY  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DR. SHELDON M. HOXIE      DC      04/22/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date