## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

	1. Entity Nam	MENT # K95704  EACH CHIROPRACTIC, IN	IC.				04-29-20	004 9026	8 026 ***	150.00
Suite. Apt. 4, etc.    Suite. Apt. 4, etc.   Suite. Apt. 4, etc.   Q4162004   ChgP   CR26334 (10703)	138 W BOYN	iton Beach BLVD.	138 W BOYNTON		).					
City & State  Country  Country  Since Country  Since Country  Since Country  Since Country  Since Country  Since Address of Country  Since Address of New Registered Agent  Namo  Since Address of N	2. Principal F	Place of Business	3. Mailing Address		7 92					
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sincer City & State  6. Name and Address of Current Registered Agent  Name  Sincer City & State  Name  Name  Sincer Address of New Registered Agent  Name  Sincer Address of New Registered Agent  Name  Sincer Address of New Registered Agent  Name  Sincer Address (P.O. Box Number is Not Accopitable)  Site of Address of P.O. Box Number is Not Accopitable)  Difference of Registered Agent, or both, in the State of Florids. I am International and International and International and International and International Address of Registered Agent, or both, in the State of Florids. I am International and International Address of Registered Agent, or both, in the State of Florids. I am International Address of Registered Agent	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04162004	Chg-P	CR2E0	34 (10/03)	
Single   Country   Zip   Country   5. Certificate of Status Desired   S8.75 Addition   S8	City & State		City & State		4. FEI Number			Ap	plied For	
SINGER, MICHAEL S 701-NORTHPOINT PARKWAY 3 Stol PL-A B1 WI SIVE 305 B2 WEST PALM BEACH, FL 33407 PALM BEACH, FL 33	Zip	Country	Zip	Cour	ntry		·			t Applicable litional
SINGER, MICHAEL S 701-NORTHPOINT-PARKWAY 3 SOL PLA BIND BOACH GO BY WEST PALM BEACH, FL 33407 PALM BEACH GO DEAL SUITE 396 & 24 WEST PALM BEACH, FL 33407 PALM BEACH GO DEAL SUITE 396 & 24 WEST PALM BEACH, FL 33407 PALM BEACH GO DEAL SUITE 396 & 24 WEST PALM BEACH, FL 33407 PALM BEACH GO DEAL SUITE 396 & 24 WEST PALM BEACH, FL 33407 PALM BEACH GO DEAL SUITE 396 & 24 WEST PALM BEACH, FL 33407 PALM BEACH F		6. Name and Address of Curre	nt Registered Agent		<del>                                     </del>		<del></del>			<u></u>
### TOLLING FOR WITH PER IS \$150.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRE	CINCER				Name					
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent.  SIGNATURE  Signature, hysical or printed name of registered agent and title it applicable.  OCTE: Reprisered Agent signature required when refreshing.  PILE NOWILL FEE IS \$150.00  10. OFFICERS AND DIRECTORS  TITLE  NAME  ROSEN, GREGG M.  SITIET ADDRESS  GITY-51-70  NPALM BEACH, FL.  Delete  TITLE  NAME  SIRET ADDRESS  GITY-51-70  TITLE  NAME  SIRET ADDRESS  GITY-51-70  TITLE  NAME  SIRET ADDRESS  GITY-51-70  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  GITY-51-70  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  Delete  Delete  TITLE  Delete  D	701-NORT	HPOINT PARKWAY 3 SO	11 PEA Blud	# 604	Street Address	(P.O. Box Numbe	r is Not Acceptabl	e)	·	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, at the obligations of registered agent.  SIGNATURE  Signature, injused of printed name of registered agent and the # applicable.  PILE NOWILI FEE IS \$150.00  9. Election Campaign Financing Trust Fund Contribution.  TO. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  O. NORSIN, GREGG M. SIRET ADDRESS CITY-51-2P  TITLE  NAME SIRET ADDRESS CITY-51-2P  TITLE NAME SIRET ADDRESS CITY-51-2P  TITLE NAME SIRET ADDRESS CITY-51-2P  TITLE NAME SIRET ADDRESS CITY-51-2P  Delete  TITLE NAME SIRET ADDRESS CITY-51-2P  TITLE NAME SIRET ADDRESS CITY-51-2P  Delete TITLE NAME SIRET ADDRESS CITY-51-2P  Delete TITLE NAME SIRET ADDRESS CITY-51-2P  Delete TITLE Delete T	WEST PA	LM BEACH, FL 33407 Dall	m Beach Gards	ens FL		<del></del>				
SIGNATURE    Signature   Signa		THC.	221	ط ال	City			FL	Zip Cod	e
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    ITTLE   D. MAME   STREET ADDRESS    CITY-ST-ZIP   ADDRESS   STREET ADDRESS    CITY-ST-ZIP   Delete   TITLE    NAME   STREET ADDRESS    CITY-ST-ZIP   Change    NAME   STREET ADDRESS    CITY-ST-ZIP    12. I hereby certify that the information supplied with this filing does not qualify for the exemption steled in Section 119 07(3)(3). Florids Statutes, i further certify that the information of the copyrotation of the receiver of it this exemption at the poper as required by Chapter 607, Florids Statutes, and hat my name experse in Block 10 or changed, or on an attachment with all address, with all other like empowered.	SIGNATURE.	Signature, typed or printed name of registered age						DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET A	Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550				5.00 May Be ided to Fees				
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SIGNATURE: 1 20 Mm Maga 4-21:04 201-2211.355	of the co	rporation or the receiver or trustee en	mpowered to execute this r	réport as requ	emption stated in state and state an	07, Florida Statute	s; and that my nan	ne appears i	n Block 10 oi	nformation or director r Block 11 if
SIGNATURE AND TYPEU OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Priore #	SIGNAT	TURE:	M hoa	EFICER OP OUR	TOR	4-	24-04	561-73	34-355	51_