



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90016 046 ***150.00

DOCUMENT # L40483 1. Entity Name MICHAEL PAPA, D.C., P.A.			
Principal Place of Business % MICHAEL PAPA, D.C. 6671 INDIANTOWN RD JUPITER, FL 33458		Mailing Address % MICHAEL PAPA, D.C. 6671 INDIANTOWN RD JUPITER, FL 33458	
2. Principal Place of Business 6650 Indiantown Rd. Suite, Apt. #, etc. 120 City & State Jupiter, FL Zip 33458		3. Mailing Address 6650 Indiantown Rd. Suite, Apt. #, etc. 120 City & State Jupiter, FL Zip 33458	
			
		01152004 Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0163644	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPA, MICHAEL D.C. 6671 INDIANTOWN RD JUPITER, FL 33458		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 6650 Indiantown Rd. Suite 120 City Jupiter FL Zip Code 33458	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	D	TITLE	6650 Indiantown Rd, Ste 120
NAME	PAPA, MICHAEL	NAME	Jupiter, FL 33458
STREET ADDRESS	6671 INDIANTOWN RD	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-1-04 Date	
		Daytime Phone # _____	