


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90277 026 \*\*\*150.00

**DOCUMENT # M19480**  
 1. Entity Name  
**DR. ANDREW I. CAINE, D.C., P.A.**



Principal Place of Business      Mailing Address  
**15675 BELLANCA LANE**      **15675 BELLANCA LANE**  
**WELLINGTON, FL 33414 US**      **WELLINGTON, FL 33414 US**

2. Principal Place of Business      3. Mailing Address  
**12693 WESTHAMPTON CIR**      **12693 WESTHAMPTON CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**WELLINGTON, FL**      **WELLINGTON, FL**  
 Zip      Country      Zip      Country  
**33414 USA**      **33414 USA**



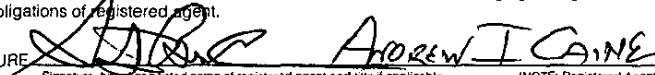
04132004    Chg-P    CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**CAINE, ANDREW I.**  
**15675 BELLANCA LANE**  
**WELLINGTON, FL 33414**

4. FEI Number      Applied For  
**59-2576967**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name **ANDREW I. CAINE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12693 WESTHAMPTON CIRCLE**  
 City      State      Zip Code  
**WELLINGTON FL 33414**

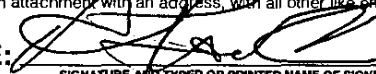
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.  
 SIGNATURE  **ANDREW I. CAINE**      DATE **4-12-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/03	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAINE, ANDREW I. 15675 BELLANCA LANE WELLINGTON, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T. CAINE, ANDREW I. 12693 WESTHAMPTON CIRCLE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CAINE, HORTENSIA 15675 BELLANCA LANE WELLINGTON, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:       Date **4-12-04**      Daytime Phone # **801 801 5451**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR