# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2004**
**Secretary of State**

DOCUMENT# N02000004457

**Entity Name:** PROFESSIONAL CHIROPRACTIC SOCIETY OF AMERICA, INC.

**Current Principal Place of Business:**

11332 CHURCH HILL TRAIL
SEMINOLE, FL 34546

**New Principal Place of Business:**

11332 CHURCH HILL TRAIL
SEMINOLE, FL 33772

**Current Mailing Address:**

11332 CHURCH HILL TRAIL
SEMINOLE, FL 34546

**New Mailing Address:**

11332 CHURCH HILL TRAIL
SEMINOLE, FL 33772

**FEI Number: 57-1152641** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FERNANDEZ, PETER G DC
11332 CHURCH HILL TRAIL
SEMINOLE, FL 34546

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

FERNANDEZ, PETER G DC
11332 CHURCH HILL TRAIL
SEMINOLE, FL 33772

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: _____ 07/06/2004
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: FERNANDEZ, PETER G DR.
Address: 11332 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 34546

Title: VD ( ) Delete
Name: FERNANDEZ, EVA C
Address: 11332 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 34546

Title: SD ( ) Delete
Name: CARBONNEAU, VALERIE M
Address: 11332 CHURCH HILL TRAIL
City-St-Zip: SEMINOLE, FL 34546

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER G. FERNANDEZ PD 07/06/2004
Electronic Signature of Signing Officer or Director — Date