


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr-20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000020251</b>	
1. Entity Name PHILIP A. MAURI, D.C., INC.	

Principal Place of Business 10887 NORTH MILITARY TRAIL SUITE 7 PALM BEACH GARDENS, FL 33410	Mailing Address 10887 N MILITARY TRL SUITE 7 PALM BEACH GARDENS, FL 33410
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04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0986228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY  
4TH FLOOR  
MIAMI, FL 33145

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000121633 04/20/04-80061-002 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAURI, PHILLIP A 10887 NORTH MILITARY TRAIL, SUITE #7 PALM BEACH GARDENS, FL 33410
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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:** Philip A. Mauri DC Philip A. Mauri 4-13-04 561-799-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #