


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000047504 1. Entity Name BRYNES CHIROPRACTIC CENTER, INC.	
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Principal Place of Business 2382 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33305	Mailing Address 2382 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33305
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1015679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SABRA, RICHARD B ATKINSON DINER STONE MANKUTA PLOUCH, P.A. 1946 TYLER STREET HOLLYWOOD, FL 33020	DO NOT WRITE IN THIS SPACE
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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 _____ (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. ☐ **\$5.00 May Be
Added to Fees**

U00000060835
02/23/04-80055-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYNES, BRUCE M 2382 N. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33305
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**DO NOT WRITE
IN THIS SPACE**

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: *Bruce Brynes, D.C.* **1/12/04 854582225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #