

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000080023

FILED
Feb 07, 2004
Secretary of State

Entity Name: PINES CHIROPRACTIC ASSOCIATES, P.A.

Current Principal Place of Business:

11270 PINES BLVD
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11270 PINES BLVD
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-1051391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARISSIMI, THERESA
11270 PINES BLVD
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARISSIMI, THERESA DR.
Address: 18690 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: THERESA CARISSIMI

PRES

02/07/2004

Electronic Signature of Signing Officer or Director

Date