## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000080936

Entity Name: CHIRO-MED BILLING ASSOCIATES, INC.

FILED Jan 15, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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900 SHERIDAN STREET 9000 SHERIDAN STREET

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PEMBROKE PINES, FL 333024 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

9830 NW 16 STREET 9830 NW 16 STREET

PEMBROKE PINES, FL 333024 PEMBROKE PINES, FL 33024

FEI Number: 65-1036446 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FIORENTINO, PENNY RUSSO
3910 N 56 AVE, APT 305
HOLLYWOOD, FL 33021
FIORENTINO, PENNY RUSSO
9830 NW 16TH STREET
PEMBROKE PINES, FL 33024

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: PENNY RUSSO FIORENTINO 01/15/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FIORENTINO, PENNY RUSSO
 Name:

 Address:
 9830 NW 16 STREET
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 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: PENNY RUSSO FIORENTINO P 01/15/2004