APR-29-2004 09:44AM FROM-

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90677 037 ***150.00

DOCUMENT #

1. Entity Name: Chiropractic Health wellness ctr of N. FL

Principal Place of Business: 1803 Blvd, Jax Fl 32206
Mailing Address: 3530 Bridgewood Dr, Jax FL 32277

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1803 Blvd	3530 Bridgewood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax FL	City & State: Jax Fl 32277
Zip: 32206 Country: Duval	Zip: 32277 Country: Duval

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Peter A Fort
3530 Bridgewood Dr
Jax Fl 32277

7. Name and Address of New Registered Agent

Name: 3530 Bridgewood Dr
Street Address (P.O. Box Number is Not Acceptable): Jax FL
City: Jax FL Zip Code: 32277

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: Peter A Fort
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Peter A Fort (ceo), 3530 Bridgewood Dr, Jax FL 32277 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Pete A Fort 4/29/04 (904) 563-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #