


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90015 010 ***150.00

DOCUMENT # P00000105064	
1. Entity Name THOMAS CHIROPRACTIC ASSOCIATES, P.A.	

Principal Place of Business 257 W BRANDON BLVD BRANDON FL 33511	Mailing Address P.O. BOX 290784 TEMPLE TERRACE FL 33687
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2. Principal Place of Business 5314 26TH ST W Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State BRANDON, FL	City & State	4. FEI Number 65-1056684	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34207	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent LOWE, FREDERICK T FREDERICK T. LOWE, ESQ. P.A. 3825 HENDERSON BLVD SUITE 605A TAMPA FL 33629	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME THOMAS, BRUCE L DC	
STREET ADDRESS P.O. BOX 290784	
CITY-ST-ZIP TEMPLE TERRACE FL 33687	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 L THOMAS** **3-29-04** **813-244-9164**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #