

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000116026

1. Entity Name
QUIROPRACTIC AND THERAPY CENTER, INC.



Principal Place of Business
**18350 NW 2ND AVE
601
MIAMI, FL 33169**

Mailing Address
**18350 NW 2ND AVE
601
MIAMI, FL 33169**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1068348

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MACHADO, ANICIA C
18350 NW 2ND AVE
601
MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	D
NAME	MACHADO, ANICIA C
STREET ADDRESS	18350 NW 2ND AVE #601
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80136-011 150.00

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: *Manuel Machado* MANUEL MACHADO 04-26-04 849-5340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #