

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT# P01000002777 1. Entity Name RUANOCHIROPRACTICCLINIC, INC.	
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Principal Place of Business 1040 NE SANTA FE BLVD HIGH SPRINGS, FL 32643	Mailing Address POST OFFICE BOX 886 HIGH SPRINGS, FL 32655
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUANO, ROBERTS 1040 NE SANTA FE BOULEVARD HIGH SPRINGS, FL 32643	DO NOT WRITE IN THIS SPACE
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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 obligation of registered agent

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) **(NOTE: Registered Agents' signatures are required where installing)** _____ **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	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RUANO, ROBERTS
STREET ADDRESS	9366 NW 26TH AVE
CITY - ST - ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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03/18/04-80002-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 sole owner 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:  **3/16/04** **3864543941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #