

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000011485

1. Entity Name
TWINS CHIROPRACTIC & REHAB CENTER, INC.



Principal Place of Business
1308 ALEXANDER BEND
WESTON, FL 33327

Mailing Address
1308 ALEXANDER BEND
WESTON, FL 33327

DO NOT WRITE IN THIS SPACE



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1095058	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, ROBERT
1308 ALEXANDER BEND
WESTON, FL 33327

**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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when re-issuing)

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

U000000139510
04/29/04-80123-022 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GORDON, ROBERT
STREET ADDRESS 1308 ALEXANDER BEND
CITY-ST-ZIP WESTON, FL 33327

**DO NOT WRITE
IN THIS SPACE**

TITLE
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 911 647 2534

Date

Daytime Phone #