

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113087

FILED
Feb 09, 2004
Secretary of State

Entity Name: BELLE GLADE CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

425 S.E. 2ND ST.
BELLE GLADE, FL 33430 US

New Principal Place of Business:

1801 S. FEDERAL HIGHWAY
220
DELRAY BEACH, FL 33483

Current Mailing Address:

101 S CONGRESS AVE STE 1
DELRAY BEACH, FL 33445

New Mailing Address:

5884 MICHAUX STREET
BOCA RATON, FL 33433

FEI Number: 65-1156717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CRISTOFARO, DANIEL
101 S CONGRESS AVE STE 1
DELRAY BEACH, FL 33445

Name and Address of New Registered Agent:

DI CRISTOFARO, DANIEL
5884 MICHAUX STREET
BOCA RATON, FL 33433

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.

SIGNATURE:

02/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DI CRISTOFARO, DANIEL
Address: 5884 MICHAUX ST
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: APPLETON, PHILLIP
Address: 1291 S POMPANO PKWY
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL DICRISTOFARO

PRES

02/09/2004

Electronic Signature of Signing Officer or Director

Date