## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000119808

Entity Name: PLANTATION CHIRO-MEDICAL, INC.

FILED Apr 06, 2004 Secretary of State

04/06/2004

Current Principal Place of Business: New Principal Place of Business:

660 N. STATE RD. 7, STE. 1 PLANTATION, FL 33317

Current Mailing Address: New Mailing Address:

2700 NW 62ND STREET

D134

FT LAUDERDALE, FL 33309

2031 W. OAKLAND PARK BLVD
SUITE 100
FT LAUDERDALE, FL 33311

FEI Number: 01-0552569 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROMANO, DAVID
2700 NW 62ND STREET
D134
FT LAUDERDALE, FL 33309 US

ROMANO, DAVID
2031 W. OAKLAND PARK BLVD
SUITE 100
FT LAUDERDALE, FL 33311 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PELLEGRINO, SAL DR PELLEGRINO, SAL DR Name: Name: 4021 N ANDREWS AVE 4021 N ANDREWS AVE Address: Address: City-St-Zip: FT LAUDERDALE, FL 33309 City-St-Zip: FT LAUDERDALE, FL 33309

Title: VTS ( ) Delete Title: DR (X) Change ( ) Addition

Name: ROMANO, DAVID Name: ROMANO, DAVID

Address: 2700 NW 62ND ST D134 Address: 2031 W. OAKLAND PARK BLVD City-St-Zip: FT LAUDERDALE, FL 33309 City-St-Zip: FT LAUDERDALE, FL 33311

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: DAVID ROMANO DR. 04/06/2004