

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024669

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: MUSA CHIROPRACTIC & WELLNESS CENTER, INC.

## Current Principal Place of Business:

1605 COUNTY RD 220  
165  
ORANGE PARK, FL 32003

## New Principal Place of Business:

## Current Mailing Address:

1605 COUNTY RD 220  
165  
ORANGE PARK, FL 32003

## New Mailing Address:

FEI Number: 02-0564873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSA, JOSEPH A  
1605 COUNTY RD 220  
#165  
ORANGE PARK, FL 32003

## Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete  
Name: MUSA, JOSEPH A  
Address: 12764 TURTLE LANE LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: DVP ( ) Delete  
Name: MUSA, MARY ANN  
Address: 12764 TURTLE LANE LANE  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MUSA, JOSEPH A  
Address: 1734 CHALET STREET  
City-St-Zip: ORANGE PARK, FL 32003

Title: DVP (X) Change ( ) Addition  
Name: MUSA, MARY ANN  
Address: 1734 CHALET STREET  
City-St-Zip: ORANGE PARK, FL 32003

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: JOSEPH A. MUSA

PRES

04/12/2004

Electronic Signature of Signing Officer or Director

Date