

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90046 006 ***150.00

DOCUMENT # P02000030568

1. Entity Name

DENHOFFER CHIROPRACTIC CENTER, INC.



Principal Place of Business
~~10625 N. MILITARY TR. SUITE 207~~
~~3300 PGA BLVD SUITE 600~~
PALM BEACH GARDENS FL 33410

Mailing Address
~~10625 N. MILITARY TR. SUITE 207~~
~~3300 PGA BLVD SUITE 600~~
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

~~10625 N MILITARY TRAIL~~
Suite, Apt. #, etc.
~~207~~ *Δ (change) from*

3. Mailing Address

~~10625 N MILITARY TRAIL~~
Suite, Apt. #, etc.
~~207~~ *Δ (change) from*

City & State

~~PALM BEACH GARDENS, FL~~

City & State

~~PALM BEACH GARDENS~~

Zip

~~33410~~

Country

~~USA~~

Zip

~~33410~~

Country

~~USA~~

4. FEI Number

75-3063778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENHOFFER, BRIAN SETH
~~3300 PGA BLVD SUITE 600~~ ~~10625 N MILITARY TR.~~
PALM BEACH GARDENS FL 33410 *SUITE 207*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Brian Denhoffer

BRIAN DENHOFFER, PRESIDENT

3/31/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DENHOFFER, BRIAN SETH
STREET ADDRESS ~~3300 PGA BLVD SUITE 600~~ ~~10625 N MILITARY TR.~~
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 *SUITE 207*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Brian Denhoffer

BRIAN DENHOFFER

3/31/04

561-375-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #