2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P02000086748

Entity Name: TAMPA BAY CHIROPRACTIC & MEDICAL BILLING INC

Current Principal Place of Business:

13228 ROYAL GEORGE AVE
ODESSA, FL 33556

New Principal Place of Business:

3401 W. KIRBY ST.
TAMPA, FL 33614

Current Mailing Address:

PO BOX 320148
TAMPA, FL 33679

New Mailing Address:

FEI Number: 82-0561848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLY, SARA E
13228 ROYAL GEORGE AVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

ALLY, SARA E
3401 W. KIRBY ST.
TAMPA, FL 33614 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: SARA E. ALLY 04/13/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLEY, SARA E
Address: 13228 ROYAL GEORGE AVE.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLY, SARA E
Address: P.O. BOX 320148
City-St-Zip: TAMPA, FL 33679

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: SARA E. ALLY P 04/13/2004
Electronic Signature of Signing Officer or Director Date