

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096799

FILED  
Jan 26, 2004  
Secretary of State

**Entity Name:** WOOLBRIGHT CHIROPRACTIC AND HEALTH CENTER, P.A.

**Current Principal Place of Business:**

137 EAST WOOLBRIGHT ROAD  
SUITE 105  
BOYTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

137 EAST WOOLBRIGHT ROAD  
SUITE 105  
BOYTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 35-2180312      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PRUDEN, JAMES L ESQ.  
370 WEST CAMINO GARDENS BLVD.  
SUITE 210  
BOCA RATON, FL 33432 US

**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: D ( ) Delete  
Name: SATTERFIELD, LONI H D.C.  
Address: 137 EAST WOOLBRIGHT ROAD #105  
City-St-Zip: BOYTON BEACH, FL 33435

Title: D (X) Delete  
Name: MOISE, RUDOLPH D.O.  
Address: 137 EAST WOOLBRIGHT ROAD #105  
City-St-Zip: BOYTON BEACH, FL 33435

**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: LONI H. SATTERFIELD, D.C.

D

01/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date