

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100983

FILED
Apr 30, 2004
Secretary of State

Entity Name: FOCUS FAMILY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

620 NE 128TH STREET
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

620 NE 128TH STREET
MIAMI, FL 33161

New Mailing Address:

12399 WEST DIXIE HIGHWAY
MIAMI, FL 33161

FEI Number: 01-0756731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTINARD, JEAN F
19431 NW 77TH CT
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

FRANCOIS, MAX
6481 SW 4TH STREET
PEMBROKE PINES, FL 33023 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: MAX FRANCOIS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIERRE-LOUIS, AIBY
Address: 1385 NE 129TH STREET
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: FRANCOIS, MAX
Address: 6481 S.W. 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: MONTINARD, JEAN F
Address: 19431 NW 77TH COURT
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: BERGER, WEZ
Address: 19852 SW 3RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRANCOIS, MAX
Address: 6481 SW 4TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D (X) Change () Addition
Name: LAROCHE, YANEL
Address: 2803 NW 110TH AVENUE
City-St-Zip: SUNRISE, FL 33322 US

Title: D (X) Change () Addition
Name: JEAN-PHILIPPE, JULNER
Address: 4200 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Change (X) Addition
Name: OMIER, MILTON G
Address: 1960 NW 195TH STREET
City-St-Zip: OPA LOCKA, FL 33056 US

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: MILTON OMIER

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date