

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103350

FILED
Aug 09, 2004
Secretary of State

Entity Name: HEALTH SOURCE CHIROPRACTIC, INC.

Current Principal Place of Business:

3970 TAMPA ROAD, SUITE G
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

3970 TAMPA ROAD, SUITE G
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 33-1024539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINLEY, MYRON G ESQ.
FINLEY, FLETCHER & KNAPMEYER, LLP
413 CLEVELAND STREET
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

MYERS, JEFF L ESQ.
MYERS & BUTTACI, LLC
4175 EAST BAY DRIVE SUITE 209
CLEARWATER, FL 33764 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: JEFF MYERS

08/09/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTD () Delete
Name: MAGNANO, DAVID C DR.
Address: 3390 CLARINE WAY WEST
City-St-Zip: DUNEDIN, FL 34698

Title: DS () Delete
Name: MAGNANO, MAGNANO
Address: 3390 CLARINE WAY WEST
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTD (X) Change () Addition
Name: MAGNANO, DAVID C
Address: 3970 TAMPA ROAD SUITE G
City-St-Zip: OLDSMAR, FL 34677

Title: DS (X) Change () Addition
Name: MAGNANO, MAGNANO C
Address: 3970 TAMPA ROAD SUITE G
City-St-Zip: OLDSMAR, FL 34677

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: DAVID C. MAGNANO

PRES

08/09/2004

Electronic Signature of Signing Officer or Director

Date