

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000108211**

1. Entity Name  
**REGENCY CHIROPRACTIC CLINIC, INC.**



Principal Place of Business  
**3954 VERSAILLES DR  
ORLANDO, FL 32808 US**

Mailing Address  
**3954 VERSAILLES DR  
ORLANDO, FL 32808 US**



02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0746656**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HUSBANDS, JUDY  
3954 VERSAILLES DR  
ORLANDO, FL 32808**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and this 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HUSBANDS, JUDY 3954 VERSAILLES DR ORLANDO, FL 32808
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1100000117508  
04/19/04-80023-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Dr. Judy Husbands*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/04*

Date

*407-872-7760*

Daytime Phone #