


2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-07-2004 90001 018 ***150.00
P03000007004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -9 PM 3:34

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DOCUMENT # P03000007004					
1. Entity Name LAKE CITY CHIROPRACTIC, P.A.					
Principal Place of Business 512 WEST DUVAL STREET LAKE CITY, FL 32055			Mailing Address 512 WEST DUVAL STREET LAKE CITY, FL 32055		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMLEY, STEPHEN 512 WEST DUVAL STREET LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Stephen J. Lemley</u> (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEMLEY, STEPHEN		NAME		
STREET ADDRESS	512 WEST DUVAL STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Stephen J. Lemley</u> Date: _____ Daytime Phone: _____					

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Attachments

PO300000204

57406008342

LAKE CITY CHIROPRACTIC CENTER, P.A.
512 WEST DUVAL STREET
LAKE CITY, FL 32055
(383) 752-3877

July 1, 2004

DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN:

PER OUR CPA YOUR OFFICE DID NOT APPLY PAYMENT FOR 2004 FOR
PROFIT CORPORATION ANNUAL REPORT. IT APPEARS YOU DID NOT
RECEIVE THE CHECK. I HAVE BEEN INSTRUCTED TO ISSUE ANOTHER
CHECK FOR THE AMOUNT OF ONE HUNDRED FIFTY AND NO/100.
PLEASE ACCEPT PAYMENT AND APPLY.

THANK YOU,

Stephen J. Lemley D.C.
STEPHEN J. LEMLEY DC
PRESIDENT
LAKE CITY CHIROPRACTIC CENTER, PA

Enclosure
SJL/dj

BY: [illegible]
[illegible]

THANK YOU