

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90019 011 \*\*\*150.00

<b>DOCUMENT # P03000079696</b> 1. Entity Name <b>A KAUFMAN CHIROPRACTIC CLINIC, INC.</b>					
Principal Place of Business 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407			Mailing Address 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>03-0524474</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KAUFMAN, NEIL</b> <b>1225 W 45TH ST, STE 307</b> <b>WEST PALM BEACH, FL 33407</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE:				DATE: <b>1/8/04</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KAUFMAN, NEIL 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFMAN, JACQUELINE 1225 W 45TH ST, STE 307 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					