2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084694

Entity Name: RADICE FAMILY CHIROPRACTIC, P.A.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4106 ANGEL WING CT 18514 N. DALE MABRY HWY. LUTZ, FL 33558

LUTZ, FL 33548

Current Mailing Address: New Mailing Address:

4106 ANGEL WING CT 18514 N. DALE MABRY HWY.

LUTZ, FL 33558 LUTZ, FL 33548

FEI Number: 01-0793574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RADICE, MICHAEL F RADICE, MICHAEL F. 4106 ANGEL WING CT 18514 N. DALE MABRY HWY.

LUTZ, FL 33558 LUTZ, FL 33548

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: MICHAEL F. RADICE 04/28/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

RADICE, MICHAEL F RADICE, MICHAEL F Name: Name: 4106 ANGEL WING CT Address: 18514 N. DALE MABRY HWY. Address:

City-St-Zip: LUTZ, FL 33558 City-St-Zip: LUTZ, FL 33548

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: MICHAEL F. RADICE **PRES** 04/28/2004