


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90059 026 \*\*\*150.00

<b>DOCUMENT # P03000085343</b>	
1. Entity Name CHC CHIROPRACTIC, INC.	

Principal Place of Business 717 VILLA CIRCLE BOYNTON BEACH, FL 33435	Mailing Address 717 VILLA CIRCLE BOYNTON BEACH, FL 33435
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2. Principal Place of Business 571 NW SAN REMO CIR.	3. Mailing Address 571 NW SAN REMO CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St. Lucie FL	City & State Port St. Lucie FL
Zip 34986	Zip 34986
Country St. Lucie	Country St. Lucie



03022004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0195361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name S. Glenn Jaffe Street Address (P.O. Box Number is Not Acceptable) 571 NW SAN REMO CIR. City Port St. Lucie FL Zip Code 34986
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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 S. Glenn Jaffe DATE 4/3/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JAFJE, S. GLENN 717 VILLA CIRCLE BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	571 NW SAN REMO CIR. Port St. Lucie, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 another like empowered.

SIGNATURE: S. Glenn Jaffe DATE 4/3/04 772-344-5988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR