2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90096 047 ***558.75

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07012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000085753

1. Entity Name
CHIROSOLUTIONS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2612 E. BAY ISLE DRIVE, SE ST. PETERSBURG, FL 33705	2612 E. BAY ISLE DRIVE, SE ST. PETERSBURG, FL 33705

2. Principal Place of Business		3. Mailing Address	
3275 66th St. N.			
Suite, Apt. #, etc.: Suite 5		Suite, Apt. #, etc.	
City & State: St. Petersburg, FL		City & State	
Zip: 33710	Country: Pinellas	Zip	Country

4. FEI Number 20-0135152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ILBEIGI, PARASTOU
2612 E. BAY ISLE DRIVE, S.E.
ST. PETERSBURG, FL 33705

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. ILBEIGI, PARASTOU D.C. 2612 E. BAY ISLE DRIVE, SE ST. PETERSBURG, FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Parastou Ilbeigi (President) 7-1-04 727-344-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #