

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108443

FILED
Jul 06, 2004
Secretary of State

Entity Name: CHIROPRACTIC CENTER OF MIAMI INC.

Current Principal Place of Business:

755 3 49 ST 2 FLR STE 10
HIALEAH, FL 33013

New Principal Place of Business:

755 E 49 ST 2 FLR
STE 10
HIALEAH, FL 33013

Current Mailing Address:

755 3 49 ST 2 FLR STE 10
HIALEAH, FL 33013

New Mailing Address:

755 E 49 ST 2 FLR
STE 10
HIALEAH, FL 33013

FEI Number: 20-0281095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTANA, FRED HOMERO
755 3 49 ST 2 FLR STE 10
HIALEAH, FL 33013

Name and Address of New Registered Agent:

QUINTANA, FRED HOMERO
755 E 49 ST 2 FLR
STE 10
HIALEAH, FL 33013

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:

07/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINTANA, FRED HOMERO
Address: 755 3 49 ST 2 FLR STE 10
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRED QUINTANA

P

07/06/2004

Electronic Signature of Signing Officer or Director

Date