

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90002 034 ***158.75

DOCUMENT # P03000121191

1. Entity Name
CHIRO-MEDICAL HEALTH CLINIC, INC.



Principal Place of Business
**2311 10TH AVENUE NORTH
LAKE WORTH, FL 33461 US**

Mailing Address
**2311 10TH AVENUE NORTH
LAKE WORTH, FL 33461 US**

54060117



2. Principal Place of Business

**6600 N. STATE RD. 7
#1**

3. Mailing Address

**4001 N. ANDREWS AVE
#6**

07012004

Chg-P

CR2E034 (10/03)

City & State

Plantation, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

900118683

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Stephen Zalka, CPA, PA

Street Address (P.O. Box Number is Not Acceptable)

6437 NW 99th Avenue

City

Parkland

FL

Zip Code

33076

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 **Stephen Zalka**

7/2/2004

**FILE NOW! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **PELEGRINO, DR. SAL J**
STREET ADDRESS **3933 NORTH ANDREWS AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **D/P** ☐ Delete
NAME **PELEGRINO, DR. SAL J.**
STREET ADDRESS **4021 NORTH ANDREWS AVE. #6**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

7/2/04