

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129704

FILED
Jan 28, 2004
Secretary of State

Entity Name: DELAND CHIROPRACTIC, INC.

Current Principal Place of Business:

125 WEST PLYMOUHTH AVENUE
DELAND, FL 32720

New Principal Place of Business:

125 WEST PLYMOUTH AVENUE
DELAND, FL 32720

Current Mailing Address:

125 WEST PLYMOUHTH AVENUE
DELAND, FL 32720

New Mailing Address:

125 WEST PLYMOUTH AVENUE
DELAND, FL 32720

FEI Number: 61-1459746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RYBINSKI, JAMES T
125 WEST PLYMOUHTH AVENUE
DELAND, FL 32720

Name and Address of New Registered Agent:

RYBINSKI, JAMES T
125 WEST PLYMOUTH AVENUE
DELAND, FL 32720

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: JAMES T. RYBINSKI

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RYBINSKI, JAMES T
Address: 125 WEST PLYMOUHTH AVENUE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: RYBINSKI, JAMES T
Address: 125 WEST PLYMOUTH AVENUE
City-St-Zip: DELAND, FL 32720

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: JAMES T. RYBINSKI

DR

01/28/2004

Electronic Signature of Signing Officer or Director

Date