2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004
Secretary of State

DOCUMENT# P03000141582

Entity Name: COOPER CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

P O BOX 396
BRANFORD, FL 32008

New Principal Place of Business:

13159 US HWY 27
BRANFORD, FL 32008

Current Mailing Address:

P O BOX 396
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 20-0658425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BULLOCK, STEPHEN C
116 NW COLUMBIA AVE
LAKE CITY, FL 32055

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COOPER, NANCY L
Address: 13159 US 27 E, STE A
City-St-Zip: BRANFORD, FL 32008

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: NANCY LEE COOPER DC D 03/08/2004
Electronic Signature of Signing Officer or Director Date