


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000014637 1. Entity Name LIGHTHOUSEPOINT CHIROPRACTIC CENTER INC.	
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Principal Place of Business 2323 NE 26TH AVE. STE. 109 POMPANO BCH., FL 33062 US	Mailing Address 2323 NE 26TH AVE. STE. 109 POMPANO BCH., FL 33062 US
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DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0380679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARK, DIANE M 2323 NE 26TH AVE SUITE 109 POMPANO BEACH, FL 33062

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IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000077083 03/05/04-80028-001 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, DIANE M 2323 NE 26TH AVE, STE 109 POMPANO BEACH, FL 33062
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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: *Dr. Diane M. Clark* 3/2/04 (954) 943-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #