2004 FOR PROFIT CORPORATION

FILED
Apr 16, 2004 08:00 AM
Secretary of State

, <u> </u>	ANNUAL	REPURI	· 连. 3. 37.5	<u> </u>	Sec	retary of State
DOCUMENT # P93000019223					500	retury or seatt
1. Entity Name						
SEVÉN SPRINGS CHIROPRACTIC, INC.						
<u> </u>		<u></u>				
Principal Plac	ce of Business	Mailing Address				
7256 STATE		7256 STATE ROAD 54				
(NEW PORCE	RICHEY, FL 34653	NEW PORT RICHEY, FL 34653	3			
<u> </u>						
				01192004	No Chg-P	CBDEOOA (40/00)
r	O NOT WRITE	CE	01192004	No Ong-r	CR2E034 (10/03)	
DO NOT WHITE IN THIS STA			OL.	4. FEI Numb		Applied For Not Applicable
						90 7E NAMES
				5. Centicate	of Status Desired	Fee Required
	6. Name and Address of Current R	egistered Agent		***************************************		
CIRONE,			DO	NOT WE	RITE	
7256 S.R. 54 NEW PORT RICHEY, FL 34653				-		
1121101	(1,140)121,12 01000		-	IN "	THIS SPA	4CE
		. a same a	ng symboth of	n Ngar		(A) (A) (A) (A) (B) (A) (基础(A) (B)
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 Signature, typed or printed name of registered agant and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
	Signature, types or printed trains or registered agent at	d and it approacte: (NOTE register	eg yûşêşî siçbiginê tedime	o when remstating)	· · · · · · · · · · · · · · · · · · ·	DATE
FILE NOWIII FEE IS \$150.00 9. Election Campaign Finar				.00 May Be	(1000000)	116226 30055-023 150.00
After M	ay 1, 2004 Fee will be \$550.0	- 1	. ☐ Ádo	ted to Fees	04/16/04-	30055-023 150.00
10.	OFFICERS AND D	HRECTORS				
TITLE NAME	MANCUSI, JOSEPH M DC					
STREET ADDRESS	7079 RED OAK LOOP					
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	<u> </u>	-	<u>,, , , , , , , , , , , , , , , , , , ,</u>		······································
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STREET ADDRESS						
CITY-ST-ZIP		- <u> </u>				
TITLE		- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-				
NAME STREET ADDRESS			ĺ			
CITY-ST-ZIP			oneman in the	DO	NOT W	RITE
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NAME				11.4	IIIIO OF	HOE
STREET ADDRESS CITY-ST-ZIP						
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NAME						
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TITLE NAME						
STREET ADDRESS	-					
CITY-ST-ZIP	!)		I			·

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 onthe that I am an officer or director of the corporation or the needed 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _\

SIGNATUR