

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000026207

1. Entity Name

FLORIDA CHIROPRACTIC COALITION, INC.



Principal Place of Business

1627 S ANDREWS AVE  
FORT LAUDERDALE FL 33316

Mailing Address

1627 S ANDREWS AVE  
FORT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0483656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOENBERG, STEWART G  
1627 S ANDREWS AVE  
FORT LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

8. The above named ☒ admits 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: agent.

SIGNATURE

Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete  
NAME HAROLD, JEROME  
STREET ADDRESS 919 E CYPRESS CREEK ROAD  
CITY - ST - ZIP FT LAUDERDALE FL 33334

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000056666  
CITY - ST - ZIP 02/19/04-80029-019 150.00

TITLE SD ☐ Delete  
NAME REINER, RICHARD  
STREET ADDRESS 5768 OKECHOBEE BLVD  
CITY - ST - ZIP WEST PALM BEACH FL 33417

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

TITLE TD ☐ Delete  
NAME GOENBERG, STEWART  
STREET ADDRESS 1627 S ANDREWS AVE  
CITY - ST - ZIP FT LAUDERDALE FL 33316

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

TITLE OD ☐ Delete  
NAME GENTILE, JOHN  
STREET ADDRESS 8056 SW 81 DRIVE  
CITY - ST - ZIP MIAMI FL 33143

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

TITLE ☐ Delete  
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CITY - ST - ZIP ☐ Delete

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

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

2/16/04

954  
522-6000