


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90399 050 ***158.75

DOCUMENT # P94000079644	
1. Entity Name COLONIAL CHIROPRACTIC CENTER, INC.	

Principal Place of Business 1310 WEST COLONIAL DRIVE SUITE 21-23 ORLANDO FL 32804	Mailing Address 300 WEST SUNRISE BLVD. SUITE 7 FORT LAUDERDALE FL 33311
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2. Principal Place of Business 300 West Sunrise Blvd.	3. Mailing Address Suite 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale, FL	City & State
Zip 33311	Country USA

MOORE CR2E034 (11/03)

4. FEI Number **59-3284443**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ALPERT, MARTIN DR. 1310 WEST COLONIAL DRIVE SUITE 21-23 ORLANDO FL 32804	
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7. Name and Address of New Registered Agent	
Name DR. MARTIN ALPERT	Applied For
Street Address (P.O. Box Number is Not Acceptable) 300 WEST SUNRISE BLVD.	Not Applicable
Suite Suite 7	
City Fort Lauderdale	FL
Zip Code 33311	

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 *DR. Martin J. Alpert* **DR. MARTIN J. ALPERT** **4/28/04**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALPERT, MARTIN DR 1310 WEST COLONIAL DRIVE SUITE 21-23 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. Martin J. Alpert* **DR. MARTIN J. ALPERT** **4/28/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #