2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023207

FILED Jun 30, 2004 Secretary of State

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Entity Name: ATRIUM CHIROPRACTIC CENTER, INC.	
Current Principal Place of Business:	New Principal Place of Business:
15118 SW 72ND ST. MIAMI, FL 33193	
Current Mailing Address:	New Mailing Address:
15118 SW 72ND ST. MIAMI, FL 33193	
FEI Number: 65-0571830 FEI Number Applied For() FEI I	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
BUCKLEY, JOSEPH M DR 6051 SW 180TH TERR. SW RANCHES, FL 33331 US	
The above named entity submits this statement for the purposin the State of Florida.	e of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ($$).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P () Delete Name: BUCKLEY, JOSEPH DR	Title: P (X) Change () Addition Name: GUADAGNO, ADOLFO C DR

Name:

Address:

6051 SW 180TH TERR Address: 14302 S.W. 125 COURT Address: City-St-Zip: SW RANCHES, FL 33331 City-St-Zip: MIAMI, FL 33186

Title: VΡ (X) Delete Title: () Change () Addition

MARTINEZ, DAMIAN DR Name: 1710 BAY DRIVE Address: N.MIAMI BEACH, FL 33141 City-St-Zip: 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: DR. A.CARLO GUADAGNO Ρ 06/30/2004