


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P9500055969	
1. Entity Name GOLD CHIROPRACTIC, P.A.	

Principal Place of Business 6252 S. CONGRESS AVE. LANTANA, FL 33462	Mailing Address 6252 S. CONGRESS AVE. LANTANA, FL 33462
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E064 (10/03)

4. FEI Number 65-0597878	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 GOLD, RONALD S 6252 S CONGRESS AVE LANATA, FL 33462	
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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 _____	DATE _____
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FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$330.00	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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GOLD, RONALD S 6252 S CONGRESS AVE LANATANA, FL
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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)(f), 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, officer, or empowere to execute this report as required by Chapter 507, 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 empowere.

SIGNATURE: Ronald S. Gold **3/22/04 (561) 498-2442**

SIGNATURE AND TYPED OR PRINTED NAME OF BRANDED OFFICER OR DIRECTOR