# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 15, 2004**
**Secretary of State**

DOCUMENT# P95000069969

**Entity Name:** ORLIN FAMILY CHIROPRACTIC CENTER, P.A.

**Current Principal Place of Business:**

2017 S. OCEAN DR.
#607
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

2017 S. OCEAN DR.
#607
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number: 65-0600302** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ORLIN, MARJORIE R.
2017 S. OCEAN DR.
#607
FORT LAUDERDALE, FL 33309

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ORLIN, MARJORIE R DR.
Address: 2017 S. OCEAN DR. #607
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
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. MARJORIE R. ORLIN PRES 03/15/2004

Electronic Signature of Signing Officer or Director — Date