


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90040 030 ***150.00

DOCUMENT # P96000031294					
1. Entity Name CHIRO PLUS CLINIC, P.A.					
Principal Place of Business 2624 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 US			Mailing Address P.O. BOX 18651 W. PALM BEACH, FL 33416 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		City & State		City & State	
4. FEI Number 65-0666068				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIDAL, OCTAVIO M DR 7757 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name: SAME NAME Street Address (P.O. Box Number is Not Acceptable): 168 HEMMINGWAY City: BOYNTON BEACH FL Zip Code: 33426		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR VIDAL, OCTAVIO M 7757 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dr. Octavio M Vidal</i>			Date: 03-15-2004		Daytime Phone #: (561) 742-7572