

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065904

FILED  
Jul 13, 2004  
Secretary of State

Entity Name: COLONIAL CHIROPRACTIC, INC.

## Current Principal Place of Business:

2475 ROUND TABLE CT.  
FT. MYERS, FL 33912

## New Principal Place of Business:

2475 ROUND TABLE CT.  
FT. MYERS, FL 33912 US

## Current Mailing Address:

2475 ROUND TABLE CT.  
FT. MYERS, FL 33912

## New Mailing Address:

15660 SAN CARLOS BLVD.  
32  
FT. MYERS, FL 33908 US

FEI Number: 65-0771863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VASCONCELLOS, DORIS R  
2475 ROUND TABLE CT.  
FT. MYERS, FL 33912 US

## Name and Address of New Registered Agent:

BEST BOOKKEEPING & TAX SERVICE, INC.  
15660 SAN CARLOS BLVD.  
32  
FT. MYERS, FL 33908 US

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: ARUN PARAMESWARAN

07/13/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VASCONCELLOS, DORIS R  
Address: 2475 ROUND TABLE CT.  
City-St-Zip: FT. MYERS, FL 33912

## 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: DORIS VASCONCELLOS

P

07/13/2004

Electronic Signature of Signing Officer or Director

Date