

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065956

FILED  
Feb 08, 2004  
Secretary of State

**Entity Name:** WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

4484 SUMMER LAKE DR  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

4311 MCCLUNG DRIVE  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

PO BOX 39  
ELFERS, FL 34680

**New Mailing Address:**

**FEI Number:** 59-3459679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAJORANA, JAMES DC  
4484 SUMMER LAKE DR  
NEW PORT RICHEY, FL 34653

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

MAJORANA, JAMES DC  
4311 MCCLUNG DR  
NEW PORT RICHEY, FL 34653

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: JAMES G. MAJORANA

02/08/2004

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAJORANA, DR. JAMES D  
Address: 4484 SUMMERLAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete  
Name: MAJORANA, CONSTANCE  
Address: 4484 SUMMERLAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: P (X) Change ( ) Addition  
Name: MAJORANA, DR. JAMES D  
Address: 4311MCCLUNG DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP (X) Change ( ) Addition  
Name: MAJORANA, CONSTANCE  
Address: 4311MCCLUNG DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: JAMES G. MAJORANA

PRES

02/08/2004

Electronic Signature of Signing Officer or Director

Date