

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90114 036 ***150.00

0643430 AT

DOCUMENT # P97000065956

1. Entity Name
WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.



Principal Place of Business
**4484 SUMMER LAKE DR
NEW PORT RICHEY FL 34653**

Mailing Address
**PO BOX 39
ELFERS FL 34680**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3459679**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAJORANA, DR. JAMES D 4484 SUMMERLAKE DRIVE NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAJORANA, CONSTANCE 4484 SUMMERLAKE DRIVE NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

James D. Majorana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
DATE

727 376 3443
Daytime Phone #

CR2E034 (10/02)