## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000092933

Entity Name: URMOS CHIROPRACTIC HEALTH CENTER, P.A.

FILED Apr 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2870 GULF BREEZE PKWY GULF BREEZE, FL 32563

Current Mailing Address: New Mailing Address:

2870 GULF BREEZE PKWY GULF BREEZE, FL 32563

FEI Number: 59-3475831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

URMOS, CYNTHIA
2870 GULF BREEZE PWY
GULF BREEZE, FL 32561
URMOS, CYNTHIA
2870 GULF BREEZE PWY
GULF BREEZE, FL 32563

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: 04/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS () Delete Title: PVTS (X) Change () Addition Name: URMOS, DR CYNTHIA DR. Address: 2870 GULF BREEZE PWY Address: 2870 GULF BREEZE PWY

Address: 2870 GULF BREEZE PWY Address: 2870 GULF BREEZE PWY City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563

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: CYNTHIA URMOS DR. 04/01/2004