


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000035987	
1. Entity Name TROPICAL CHIROPRACTIC AND WELLNESS GROUP, INC.	

Principal Place of Business 4400 W. SAMPLE ROAD STE. 114 COCONUT CREEK, FL 33073	Mailing Address 4400 W. SAMPLE ROAD STE. 114 COCONUT CREEK, FL 33073
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0834077	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

**HERMAN, SCOTT
11644 NW 69TH PLACE
PARKLANE, FL 33076**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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 HERMAN, SCOTT 11644 NW 69TH PLACE PARKLAND, FL 33076
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Heeman

02/10/04 (954)917-4343

Date

Daytime Phone #