


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90056 016 \*\*\*150.00

<b>DOCUMENT # P98000083998</b>	
<b>1. Entity Name</b> BROWN'S CHIROPRACTIC CENTER, INC.	

<b>Principal Place of Business</b> 2609 W. 23RD ST. PANAMA CITY, FL 32405	<b>Mailing Address</b> 2609 W. 23RD ST. PANAMA CITY, FL 32405
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<b>2. Principal Place of Business</b> 2410-A St Andrews BLVD Suite, Apt. #, etc. Suite A City & State Panama City, FL Zip 32405 Country USA	<b>3. Mailing Address</b> 2410-A St Andrews BLVD Suite, Apt. #, etc. Suite A City & State Panama City, FL Zip 32405 Country USA
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04072004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3534304	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> BROWN, JOHN 2609 W. 23RD ST. PANAMA CITY, FL 32405	<b>7. Name and Address of New Registered Agent</b> Name John Brown Street Address (P.O. Box Number is Not Acceptable) 2410-A St Andrews BLVD City Panama City, FL Zip Code 32405
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, JOHN 2609 W 23RD ST PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2410-A ST. ANDREWS BLVD.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, SHERRY 2609 W 23RD ST PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2410-A ST. ANDREWS BLVD.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, DELENA 2609 W 23RD ST PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2410-A ST. ANDREWS BLVD.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE</b> <u>John L. Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4-7-'04 850-769-3777</u> Date Daytime Phone #
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