

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089784

FILED
Mar 15, 2004
Secretary of State

Entity Name: EDELSON CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

9009 SEMINOLE BLVD.
SUITE 2B
SEMINOLE, FL 33772

New Principal Place of Business:

8780 SEMINOLE BLVD.
SEMINOLE, FL 33772

Current Mailing Address:

9009 SEMINOLE BLVD.
SUITE 2B
SEMINOLE, FL 33772

New Mailing Address:

8780 SEMINOLE BLVD.
SEMINOLE, FL 33772

FEI Number: 59-3538325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: EDELSON, STEVEN G
Address: 9009 SEMINOLE BLVD. SUITE 2 B
City-St-Zip: SEMINOLE, FL 33772

Title: P () Delete
Name: EDELSON, STEVEN G
Address: 4004 W SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: EDELSON, ELIZABETH
Address: 4004 W SANTIAGO ST
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: EDELSON, STEVEN G
Address: 8780 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33772

Title: P (X) Change () Addition
Name: EDELSON, STEVEN G
Address: 8780 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33772

Title: S (X) Change () Addition
Name: EDELSON, ELIZABETH
Address: 8780 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33772

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: STEVEN G. EDELSON

CEO

03/15/2004

Electronic Signature of Signing Officer or Director

Date