


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000007017 1. Entity Name MAMMANA CHIROPRACTIC CLINIC, INC.	
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Principal Place of Business 3256 NE JACKSONVILLE RD., SUITE C OCALA, FL 34479	Mailing Address 3256 NE JACKSONVILLE RD., SUITE C OCALA, FL 34479
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07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563435	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAMMANA, THOMAS F 3256 NE JACKSONVILLE RD., SUITE C OCALA, FL 34479

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAMMANA, THOMAS 3256 NE JACKSONVILLE RD OCALA, FL 34479
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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

Date

Daytime Phone #

7/2/04