


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000020124	
1. Entity Name INTRACOASTAL CHIROPRACTIC CLINIC, P.A.	

Principal Place of Business 14255 BEACH BLVD #A JACKSONVILLE BEACH FL 32250	Mailing Address 14255 BEACH BLVD #A JACKSONVILLE BEACH FL 32250
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3560061	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent DEVINCENTIS, ROBERT 14255 BEACH BLVD #A JACKSONVILLE BEACH FL 32250	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature: typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST DEVINCENTIS, ROBERT 14255 BEACH BLVD #A JACKSONVILLE FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000067119 02/26/04-80042-009 150.00 <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
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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

SIGNATURE:  Robert Devincintis 21709 2231616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #