


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM  
Secretary of State

DOCUMENT # P99000024115		
1. Entity Name CHIROPRACTIC PHYSICIANS REHABILITATION NETWORK INC.		

Principal Place of Business 2711 MICHIGAN AVE KISSIMMEE FL 34744	Mailing Address CPRN P.O. BOX 452272 KISSIMMEE FL 34744
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



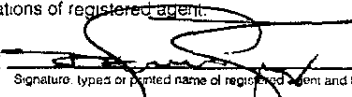
MOORE CR2E034 (11/03)

4. FEI Number 59-3559465		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  RODRIGUEZ, PHRANKIE 12900 LOS ALAMITOS CT ORLANDO FL 32837
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

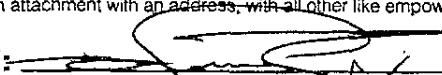
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE 1-30-04
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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	D RODRIGUEZ, PHRANKIE 12900 LOS ALAMITOS CT ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000006535 02/26/04-80019-007 150.00 <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
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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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)(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: 	1-30-04 407 931 3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #