


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90018 021 \*\*\*150.00

<b>DOCUMENT # S30099</b> 1. Entity Name PEMBROKE COMMONS CHIROPRACTIC CENTER, P.A.	
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Principal Place of Business 305 SW 7 TERR. GAINESVILLE FL 32601 US	Mailing Address 3021 NW 10TH PLACE GAINESVILLE FL 32605 US
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2. Principal Place of Business 305 SW 7th Terr	3. Mailing Address 3021 NW 10th Pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville, FL	City & State Gainesville, FL
Zip 32601	Zip 32605
Country USA	Country USA

24011930



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SCHWARTZ, ROBERT M. ESQUIRE 102 N. SWINTONAME 5355 TOWN CENTER ROAD, SUITE 301 DEL RAY BEACH FL 33444	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 GORDON, JEFFREY S. 3021 NW 10TH PLACE GAINESVILLE FL 32605 <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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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:** \_\_\_\_\_ **2/11/04** **352-336-6161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #