

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90005 033 ***150.00

DOCUMENT # S38256

1. Entity Name

BOYNTON BEACH CHIROPRACTIC CENTER, INC.



Principal Place of Business

2240 WOOLBRIGHT RD
#414
BOYNTON BEACH FL 33426
US

Mailing Address

PO BOX 4602
BOYNTON BEACH FL 33424
US

2. Principal Place of Business

213 W. Boynton Beach
Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip

33435 Palm Beach

Zip

Country

4. FEI Number

65-0254531

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEIL, DR. FLOYD M.
9589 CALLIANDRA DRIVE
BOYNTON BEACH FL 33436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BEIL, DR. FLOYD M.
STREET ADDRESS 9589 CALLIANDRA DRIVE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #