


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90405 035 \*\*\*150.00

<b>DOCUMENT # S71907</b> 1. Entity Name BAYBRIDGE CHIROPRACTIC CLINIC, P.A.	
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Principal Place of Business 107 BAYBRIDGE DRIVE GULF BREEZE, FL 32561	Mailing Address 107 BAYBRIDGE DRIVE GULF BREEZE, FL 32561
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34010410



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3075800	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  WILLIAMS, KENNETH L. 107 BAYBRIDGE DRIVE GULF BREEZE, FL 32561
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KENNETH L. 107 BAYBRIDGE DRIVE GULF BREEZE, FL
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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: Kenneth L. Williams 4-28-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No.