2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28425

Apr 22, 2004 Secretary of State

Entity Name: LUPO CHIROPRACTIC HEALTH CENTER, P.A. **Current Principal Place of Business: New Principal Place of Business:** 14522 UNIVERSITY POINT PLACE TAMPA, FL 336135425 US **Current Mailing Address: New Mailing Address:** 14522 UNIVERSITY POINT PLACE TAMPA, FL 336135425 US FEI Number: 59-3132152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUPO, ROBERT DR 14522 UNIVERSITY POINT PLACE TAMPA, FL 336135425 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LUPO, ROBERT, Name: Name: 15804 DAWSON RIDGE DRIVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition LUPO, CATHERINE M Name: Name: 15804 DAWSON RIDGE DRIVE Address: Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C LUPO 04/22/2004 DR