2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90640 004 ***150.00

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DOCUMENT # V66161

1. Entity Name
TOTALCARE CHIROPRACTIC VII, INC.

Principal Place of Business	Mailing Address
2608 NE 16TH AVE. MITLTON MANOPRS, FL 33334 US	2608 NE 16TH AVE. MITLTON MANOPRS, FL 33334 US

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2608 NE 16th Ave.	
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Wilton MANORS FL	City & State
Zip: 33334 Country: USA	Zip Country

4. FEI Number 65-0382230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOMASKY, TROY 2608 NE 16TH AVE. WILTON MANORS, FL 33334	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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPS LOMASKY, TROY S 3790 COCOLAKE DRIVE COCONUT CREEK, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3030 NE 43RD ST Ft. Lauderdale, FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Troy Lomasky 4-8-04 954-463-3038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #