04-28-2003 90318 009 ***150.00

FILED	
Apr 28, 2003 8:00 an	1
Secretary of State	

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L88096 **DOCUMENT #**

1. Entity Name

FAMILY LIFE CHIROPRACTIC, P.A.

Principal Place of Business 131 GARDEN AVENUE. NORTH CLEARWATER FL 34615		131 GA	Address RDEN AVENUE. NOR NATER FL 34615	пн				
2. Principal Place of Business		3. Mail	3. Mailing Address					
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAK	ING CHANGE	5
City & State		City	City & State		4. i	4. FEI Number 59-3017580 Applied For Not Applied For		
Zip	Country	Zip		Country	5. (Certificate of Status Desired	\$8.75 Ac	
3	6. Name and Address of Curre	nt Registere	d Agent		7. 1	ame and Address of New Register	ed Agent	
				Name	. 12		 _	
JARRETT,	JERE DR.						<u></u>	<u> </u>
	DEN AVENUE NORTH			Street Addr	ress (P.O. B	ox Number is Not Acceptable)		
								-
CLEARWA	TER FL 34615							
				City			Zip Co	de
	e named entity submits this statementions of registered agent.	t for the purpo	ose of changing its re	egistered office or req	gistered ag	ent, or both, in the State of Florida. I		, and accept
•								
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if anni	cable (NOTE:	Registered Agent signature re	aquired when re	instating) DA		
	organization, types of printed fragilities of registered ag	ent and title ii appri	CADIB. (NOTE.	registered Agent signature in	edalieo wiich ie	mistating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			•			Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10.	· OFFICERS AT	ND DIRECTOR	RS	11.	AD	L DITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	RS IN 11
TITLE	D -:-		☐ Delete	TITLE			☐ Change	Addition
NAME	JARRETT, JERE DR.			NAME				- 1
STREET ADDRESS	300 HILLTOP AVE. NORTH			STREET ADDRESS				1
CITY-ST-ZIP	CLEARWATER FL.33755			CITY-ST-ZIP				
TITLE	n		☐ Delete	TITLE			☐ Change	Addition
NAME	ARGALL, RICK		□ Delete	NAME			Onlange	
STREET ADDRESS	5 BIRDIE LANE			STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-ZIP				1
TITLE	TABITIANDON'TE		☐ Delete	TITLE		· \	☐ Change	
NAME	•		□ Delete	NAME			Gliange	/ Addition
STREET ADDRESS			معلقت متكم بالأحكم والمقار	STREET ADDRESS				~ {
CITY-ST-ZIP				OTTICE THOUSTED		المراكبين بيمنجيهم بيدا		I
	I .			CITY-ST-ZIP		الدائيين بيمامهم مهدات الدائر المداساتين		
TITLE NAME				CITY-ST-ZIP		والتي بيمانية النام المارية	[Changes	Addition
TRAINIL.		<u>.</u>	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			☐ Delete	TITLE NAME		A Company of the Comp	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Delete	TITLE NAME STREET ADDRESS		a The Control of the	☐ Change	Addition
CITY-ST-Z1P				TITLE NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	☐ Addition
CITY-ST-Z1P TITLE NAME				TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
CITY-ST-ZIP TITLE NAME STREET ADDRESS				TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
CITY-ST-Z1P TITLE NAME STREET ADDRESS				TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				

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 empoyered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP