

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90090 035 ***150.00

DOCUMENT # P0000043437

1. Entity Name
LD CHIROPRACTIC, P.A.

Principal Place of Business **Mailing Address**
800 NW FORK RD 5-P 800 NW FORK RD 5-P
STUART FL 34994 STUART FL 34994

2. Principal Place of Business **3. Mailing Address**
2664 SW Willowood Cir 2664 SW Willowood Cir
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **Applied For**
PALM CITY FL PALM CITY FL 65-1003052 Not Applicable

Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**
34990-4634 USA 34990-4634 USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
LOREN DEWITT JR
2664 S.W. Willowood Cir
Palm City, FL 34990

Name Loren Dewitt
Street Address (P.O. Box Number is Not Acceptable) 2664 SW Willowood Cir
City PALM CITY **FL** **Zip Code** 34990-4634

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.

SIGNATURE *[Signature]* **DATE** 3-25-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	GORDON, TRICIA R	800 NW FORK RD 5-P	STUART FL 34994	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	Dewitt, Tricia R	2664 Sw Willowood Cir	PALM CITY FL 34990-4634	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VST	Dewitt, Loren	2664 Sw Willowood Cir	Palm City FL 34990-4634	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *[Signature]* **Date** 3-25-01 **Daytime Phone #** (21) 287-9204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)