

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90029 036 ***150.00

RECEIVED JAN 23 2002

DOCUMENT # P00000080491
 1. Entity Name
ACHILLES CHIROPRACTIC AND SPORTS MEDICINE INC.

Principal Place of Business Mailing Address
39040 US HWY 19 **39040 US HWY 19**
TARPON SPRINGS FL 34689-3957 **TARPON SPRINGS FL 34689-3957**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1245 S. Pinellos Ave. **1245 S. Pinellos Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tarpon Springs, FL **Tarpon Springs, FL**
 Zip Zip Country Country
34689 **34689** **USA** **USA**

4. FEI Number Applied For
59-3665349 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCELL, MIKE R
1100 OAKRIDGE PKWY #141
LAKELAND FL 33803

7. Name and Address of New Registered Agent
 Name: **Marcell Mike R.**
 Street Address (P.O. Box Number is Not Acceptable): **5712 Greenwood Way**
 City: **Holiday** State: **FL** Zip Code: **34690**

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]* **MIKE R. MARCELL, D.C.** DATE: **01-11-02**
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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARCELL, MIKE R	
STREET ADDRESS	1100 OAKBRIDGE PARKWAY #141	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcell, Mike R.	
STREET ADDRESS	5712 Greenwood Way	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *[Signature]* **01-11-02** **727-937-2086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)