

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90125 020 \*\*\*150.00

DOCUMENT # P00000080491



1. Entity Name  
**ACHILLES CHIROPRACTIC AND SPORTS MEDICINE INC.**

Principal Place of Business  
**1245 S. PINELLOS AVE.  
TARPON SPRINGS FL 34689**

Mailing Address  
**1245 S. PINELLOS AVE.  
TARPON SPRINGS FL 34689**



2. Principal Place of Business

**1245 S. Pinellas Ave**

3. Mailing Address

**1245 S. Pinellas Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**Tarpon Springs, FL**

City & State

**Tarpon Springs, FL**

4. FEI Number **59-3665349**

Applied For  
Not Applicable

Zip Country  
**34689 USA**

Zip Country  
**34689 USA**

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

**MARCELL, MIKE R  
5712 GREENWOOD WAY  
HOLIDAY FL 34690**

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]* **M. R. MARCELL, D.C. PRESIDENT 01-03-02**  
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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	Delete
	<b>P MARCELL, MIKE R</b>	<b>5712 GREENWOOD WAY</b>	<b>HOLIDAY FL 34690</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **M. R. MARCELL, D.C. 01-03-02 227-937-2081**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UCR031 1 1A  
CR2E034 (10/02)