

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90101 011 ***150.00

DOCUMENT # PO10000112718 ✓
1. Entity Name
CARON CHIROPRACTIC, P.A.

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80050240

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2. Principal Place of Business <u>1224 E. Concord St.</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc. <u>n/a</u>		Suite, Apt. #, etc.	
City & State <u>Orlando, FL</u>		City & State <u>same</u>	
Zip <u>32803</u>	Country <u>USA</u>	Zip	Country

4. FEI Number <u>80-0038497</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Same Dorian Caron</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>515 1/2 Daniels Ave.</u>	
City <u>Orlando</u>	Zip Code <u>32801</u>

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 Dorian Caron DATE 3/11/02
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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>CEO</u>	NAME <u>Dorian E. Caron</u>	TITLE	
STREET ADDRESS <u>515 1/2 Daniels Ave.</u>	CITY-ST-ZIP <u>Orlando FL 32801</u>	STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dorian E. Caron Dorian E. Caron DATE 3/11/02 407.228.1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)