

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000052084 1. Entity Name POMPANO CHIROPRACTIC CENTER, INC.					
Principal Place of Business 4301 N FEDERAL HIGHWAY #4 POMPANO BEACH, FL 33064			Mailing Address 4301 N FEDERAL HIGHWAY #4 POMPANO BEACH, FL 33064		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2 SOUTH UNIVERSITY DR. # 327			
City & State _____		City & State PLANTATION, FL		4. FEI Number 35-2167970	
Zip 33324		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)					
FILE NOW! FEE IS \$150.00 After May 1, 2004, 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 ☐ Delete			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☒ Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME P GREENWALD, BRETT D.C. STREET ADDRESS 8495 SE MAN GROVE ST CITY-ST-ZIP HOME GROUND, FL 33445		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CFR2E034 (10/02)