

FILED  
Mar 19, 2001 8:00 am  
Secretary of State

01-30-2001 90203 005 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062500

1. Entity Name  
PIERCE CHIROPRACTIC CLINIC, INC.

Principal Place of Business  
3101 UNIVERSITY BLVD SOUTH  
JACKSONVILLE FL 32216

Mailing Address  
3101 UNIVERSITY BLVD SOUTH  
JACKSONVILLE FL 32216

31455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-3218011  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
AKEL, EDWARD C  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent  
Name Ridge, George E  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SunTrust Bank Building  
200 W. Forsyth Street  
City Jacksonville FL Zip Code 32202

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: *George E Ridge*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when resigning.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
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	D PIERCE, BURTON A JR 1301 UNIVERSITY BLVD S JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, MARK A 1301 UNIVERSITY BLVD S JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, MATTHEW D 1301 UNIVERSITY BLVD S JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other who empowered.

SIGNATURE: *Burton A. Pierce, DC* President 1-22-2001 904-724-9433  
SIGNATURE AND TYPED OR PRINTED NAME OF EACH OFFICER OR DIRECTOR Date Corporate Phone #

CPRE004 (10/00)