

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90102 008 ***150.00

DOCUMENT # P98000094899

1. Entity Name
ROSSI CHIROPRACTIC CENTERS, INC.

Principal Place of Business 2700 NO. STATE RD.7 MARGATE FL 33063	Mailing Address 2700 NO. STATE RD.7 MARGATE FL 33063-5726
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0875343		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent ROSSI, ARMAND M 2700 NO. STATE RD.7 MARGATE FL 33063	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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, ARMAND M	NAME	
STREET ADDRESS	1299 SW 4TH ST	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, ARMAND	NAME	
STREET ADDRESS	1299 SW 4TH ST	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		

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: *Armand M. Rossi* **4-19-00** **(954) 971-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)