

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90223 040 \*\*\*150.00

**DOCUMENT # P98000100382**

1. Entity Name  
**BERTHIAUME CHIROPRACTIC, P.A.**

Principal Place of Business Mailing Address  
**1240 ROCKLEDGE BLVD 1240 ROCKLEDGE BLVD**  
**SUITE 7 SUITE 7**  
**ROCKLEDGE FL 32955 ROCKLEDGE FL 32955**  
**US US**

00025111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3548612</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BERTHIAUME, RICHARD G</b> <b>1694 SILVERADO DRIVE</b> <b>ROCKLEDGE FL 32955</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<i>BERTHIAUME RICHARD G.</i> <i>2164 ROYAL OAKS DR</i> <i>ROCKLEDGE FL 32955</i>				<b>BERTHIAUME CHIROPRACTIC</b> <b>DR. RICHARD G. BERTHIAUME</b> <b>1240 Rockledge Blvd., Suite 7</b> <b>ROCKLEDGE FL 32955</b> <b>(321) 504-3737</b>			

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]* DR. RICHARD G. BERTHIAUME  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)  
 DATE *1/28/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	PTSD BERTHIAUME, RICHARD G DR 1694 SILVERADO DRIVE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BERTHIAUME RICHARD G DR. 2164 ROYAL OAKS DR. ROCKLEDGE FL. 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Section 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BERTHIAUME CHIROPRACTIC**  
**DR. RICHARD G. BERTHIAUME**  
**1240 Rockledge Blvd.,**  
**ROCKLEDGE FL 32955**  
 Date *1/28/02* Daytime Phone #

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