

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P32870

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA CHIROPRACTIC NETWORK, INC.

Current Principal Place of Business:

5620 SMETANA DR STE 225
MINNETONKA, MN 55343

New Principal Place of Business:

5700 SMETANA DR STE 300
MINNETONKA, MN 55343

Current Mailing Address:

5620 SMETANA DR STE 225
MINNETONKA, MN 55343

New Mailing Address:

9900 BREN RD E
MN008-T410
MINNETONKA, MN 55343

FEI Number: 41-1591944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: ALLENBURG, THOMAS J.,
Address: 5620 SMETANA DR #225
City-St-Zip: MINNETONKA, MN

Title: D () Delete
Name: COLE, DAVID L.,
Address: 5620 SMETANA DR #225
City-St-Zip: MINNETONKA, MN

Title: VST () Delete
Name: COLE, DAVID L.,
Address: 5620 SMETANA DR 3225
City-St-Zip: MINNETONKA, MN

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALLENBURG, THOMAS J DC
Address: 5700 SMETANA DR #300
City-St-Zip: MINNETONKA, MN 55343

Title: V/D (X) Change () Addition
Name: COLE, DAVID L
Address: 5620 SMETANA DR #225
City-St-Zip: MINNETONKA, MN 55343

Title: S (X) Change () Addition
Name: RYAN, TIMOTHY F
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: AS () Change (X) Addition
Name: LUBBEN, DAVID J
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: V () Change (X) Addition
Name: KELLY, JOHN W
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: T () Change (X) Addition
Name: WEISS, ALLAN J
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY F. RYAN

S

04/18/2002

Electronic Signature of Signing Officer or Director

Date

DAVID S. WICHMANN - DIRECTOR
9900 BREN RD E
MINNETONKA, MN 55343

ARCHELLE GEORGIU, MD - DIRECTOR
9900 BREN RD E
MINNETONKA, MN 55343

RONALD B. COLBY - DIRECTOR
9900 BREN RD E
MINNETONKA, MN 55343