

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90107 020 ***150.00

DOCUMENT # P99000074885



1. Entity Name
PEAC SPINAL CLINIC, INC.

Principal Place of Business
**1801 U.S. HIGHWAY 19
HOLIDAY FL 34691**

Mailing Address
**1801 U.S. HIGHWAY 19
HOLIDAY FL 34691**

2. Principal Place of Business
13740 Old Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
13740 Old Dixie Hwy
Suite, Apt. #, etc.

City & State
Hudson, FL.

City & State
Hudson, FL.

4. FEI Number **59-3603623**

Applied For

Not Applicable

Zip
34667

Country
USA

Zip
34667

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, E.V. JR.
11708 NORTH HWY 301
THONOTOSASSA FL 33592**

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 *Dr. Erce V. Phillips III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/09/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE **D** ☐ Delete
NAME **PHILLIPS, ERCE V III, DR.**
STREET ADDRESS **720 NORTH VILLAGE DR. #103**
CITY-ST-ZIP **ST.ETERSBURG FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Phillips Erce V. III DR.**
STREET ADDRESS **13740 Old Dixie Hwy**
CITY-ST-ZIP **Hudson, FL. 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 607, 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: *Dr. Erce V. Phillips III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03
Date

(727) 862-1500
Daytime Phone #

CR2E034 (10/02)