

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90149 008 \*\*\*150.00

DOCUMENT # *K26518*  
1. Entity Name *ABC CHIROPRACTIC  
THERAPEUTIC WELLNESS, INC*

*(L)*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*3491 WOODBRIGAT Rd*

3. Mailing Address  
*6542 Newport CR CIR*

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
*Box 3*

City & State  
*BOYNTON BEACH, FL*

City & State  
*BOCA RATON FL*

4. FEI Number  
*65-0854 809*

Applied For  
Not Applicable

Zip  
*33436*

Country  
*USA*

Zip  
*33496*

Country  
*USA*

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*RADDIE A. HOFFMAN*

Street Address (P.O. Box Number is Not Acceptable)  
*6542 NEWPORT CR CIR*

City  
*BOCA RATON*

FL Zip Code  
*33496*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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 <i>CHIROPRACTOR</i>	NAME <i>JEFFREY S. HOFFMAN D.C. D.A.</i>
STREET ADDRESS <i>6542 NEWPORT LAKE CIR</i>	CITY-ST-ZIP <i>BOCA RATON, FL 33496</i>
TITLE <i>TREASURER</i>	NAME <i>RADDIE H. HOFFMAN</i>
STREET ADDRESS <i>6542 NEWPORT LAKE CIR</i>	CITY-ST-ZIP <i>BOCA RATON FL 33496</i>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE: *Raddie Hoffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/11/03*  
Date

*561 271-4187*  
Daytime Phone #

CR2E034B (12/02)