

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000951

1. Entity Name

CHIROPRACTIC ENTERPRISES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 3: 05

Principal Place of Business

% DEBRA A. ERICKSON, PA  
8819 N. VIRGINIA AVE  
WEST PALM BEACH FL 33418

Mailing Address

% DEBRA A. ERICKSON, PA  
8819 N. VIRGINIA AVE  
WEST PALM BEACH FL 33418-6156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0585448

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, MICHAEL S  
701 NORTHPOINT PARKWAY  
SUITE 330  
WEST PALM BEACH FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

1201 U.S. Highway One  
Suite 240A

City

North Palm Beach

FL

Zip Code  
33408

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. Capital Contributions  
as Shown on record.

\$4,690,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
NEAL B. ROSEN, AS TRUSTEE  
136 WEST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

REGG M. ROSEN

2/17/00

561-844-6900

Date

Daytime Phone #

CF E003 (9/99)