1/27/00-90170-047-$15.00-$15.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53061

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -2 PM 3:46

908854

DO NOT WRITE IN THIS SPACE

1. Entity Name
OCALA CHIROPRACTIC CENTER, INC.

Principal Place of Business	Mailing Address
631 N.E. 25TH AVENUE OCALA FL 34470	631 N.E. 25TH AVENUE OCALA FL 34470-9011

2. Principal Place of Business	3. Mailing Address
3882 NE 67th Terrace	3882 NE 67th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Silver Springs, FL 34488	City & State: Silver Springs,FL 34488
Zip: 34488-2125 / Country: US	Zip: 34488-2125 / Country: US

4. FEI Number 59-2127147 — Applied For / Not Applicable

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
BERNING, MARILYN C 631 N.E. 25TH AVENUE OCALA FL 34470	Name: Street Address (P.O. Box Number is Not Acceptable): 3882 NE 67th Terrace, City: Silver Springs, FL FL Zip Code: 34488-2125

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 Marilyn C. Berning
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERNING, JAMES R	NAME	000003164670--6
STREET ADDRESS	631 N.E. 25TH AVENUE	STREET ADDRESS	-03/10/00--01011--002
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	****135.00 ****135.00
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERNING, MARILYN	NAME	
STREET ADDRESS	631 N.E. 25TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-24-00 — Daytime Phone #: 352-236-2511