

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

0465979 AV

DOCUMENT # F56678

1. Entity Name
CHIROPRACTIC & MEDICAL CENTER, INC.



09-02-2003 90310 001 *****8.75
09-02-2003 90310 002 ***550.00

Principal Place of Business
**2942 WEST COLUMBUS DRIVE. S-101
P.O. BOX 20267
TAMPA FL 33607**

Mailing Address
**2942 WEST COLUMBUS DRIVE. S-101
P.O. BOX 20267
TAMPA FL 33607**



2. Principal Place of Business
201 W. Laurel St

3. Mailing Address
P.O. Box 23294

Suite, Apt. #, etc.
#611

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-2114752

Applied For
☐ Not Applicable

Zip
33602

Country

Zip
33622

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

**MILLER, BRUCE W
2942 W COLUMBUS DR #101
TAMPA FL 33607**

Name

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

201 W. Laurel St #611

City
Tampa

FL

Zip Code
33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
MILLER, BRUCE W
4450 GULF BLVD. #316
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
Miller, Bruce W
201 W. Laurel St #611
Tampa, FL 33602** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Signature of Bruce W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 27th 2003
Date

Daytime Phone #

CR2E034 (10/02)