FILED

2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNI	FURM DUS	INESS REP	UKI	(UDI	()	Ann 20 2	000 8.0)() am	
DOCUMENT # H89981 1. Entity Name THE CHIROPRACTIC CENTRE, INC.							Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90196 040 ***150.00			
Principal Place 5949 17TH A BRADENTON		SS .	Mailing Address 5949 17TH AVE WEST BRADENTON FL 34209						 	
2. Principal f	Place of Busi	ness	3. Mailing Address			•				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE		
City & Star	te		City & State			4. F	FEI Number 59-2616088	⊢	Applied For	7
Zip Country			Zip Country			5. (Certificate of Status Desired	\$8.75 A		1
	6 Name	l and Address of Current	Registered Agent		I	7 1	lame and Address of New Re	'	eu	4
	V. Hame	dia Addiess of Current	negistered Agent		Name		iame and Address of New Ne	gistered Agent		┨
LANZISERA, FRANK P. 5949 17TH AVE WEST					Street Address (P.O. Box Number is Not Acceptable)					$\frac{1}{2}$
	ON FL 342									$\frac{1}{2}$
DIWIDEIII	011 1 2 0 12				City			□ Zip Co	do	┨
					Uniy	-		FL Zip Co	<u> </u>	
8. The above	e named entit	ty submits this statement fo	or the purpose of changing it	ts register	ed office or	registered age	ent, or both, in the State of Flori	da.		
SIGNATURE	Signatura hypod	or printed name of registered agent	and title if applicable (MC)	TE: Bosister	4 0			DATÉ		
	alginature, typeo	or bringed frame of registered agent	and the rapplicable. (NO	TE: negistere	ad Agent signatur	e required when re	instating)	DATE		4
9. This corporation is eligible to satisfy its Intangible							10. Election Campaign Finar	icina	00 May Be	- -
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2 Make Check Paya			Trust Fund Contribution.		ed to Fees		
11.		OFFICERS AND		12.			DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	2S INI 11	4
TITLE PD			☐ Delete TIT		- I		DITIONS/OFFANGES TO OFFIC	Change	Addition	┨;
NAME		RA, FRANK P.	LI Delete	NAM				Onunge		
STREET ADDRESS	5949 17TI	H AVE WEST		STRE	EET ADDRESS					;
CITY-ST-ZIP	BRADENT	ON FL 34209		CITY	-ST-ZIP			•		١
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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:

SAMPLE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2002 94/7543344 Date Davima Phone #