

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90048 009 \*\*\*150.00

**DOCUMENT # J23521**

1. Entity Name  
**MICHAEL A. SIEFMAN, D.C., P.A.**

Principal Place of Business <b>46 N.HOMESTEAD BLVD.          HOMESTEAD FL 33030-7416</b>	Mailing Address <b>46 N.HOMESTEAD BLVD.          HOMESTEAD FL 33030-7416</b>
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2. Principal Place of Business <b>3940 Radio Rd</b> Suite, Apt. #, etc. <b>Suite 105</b> City & State <b>Naples FL</b> Zip <b>34104</b> Country <b>Collier</b>	3. Mailing Address <b>3940 Radio Rd</b> Suite, Apt. #, etc. <b>Suite 105</b> City & State <b>Naples FL</b> Zip <b>34104</b> Country <b>Collier</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2735265</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SIEFMAN, MICHAEL A DC**  
**266 30 SW 174 PL**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent  
 Name **Michael A Siefman DC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13915 Collier Blvd**  
 City **Naples FL** Zip Code **34119**

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]* DATE **1/11/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIEFMAN, MICHAEL A DC</b> <b>26630 SW 174 PL</b> <b>HOMESTEAD FL 33030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **1/22/02** Daytime Phone # **9412619199**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)