

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90048 034 ***150.00

DOCUMENT # J37084
1. Entity Name
Designer Body, Inc. D/B/A Sanctuary Chiropractic

DO NOT WRITE IN THIS SPACE

40008517

2. Principal Place of Business 4331 N. Federal Highway	3. Mailing Address 4331 N. Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton, Florida	City & State Boca Raton
Zip 33431	Country USA

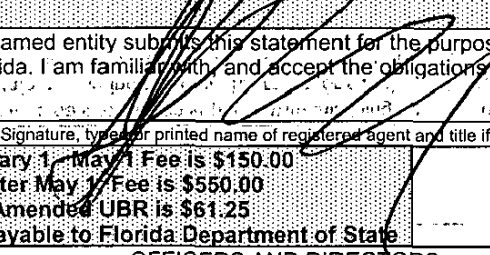
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4. FEI Number 65-0164305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE**7. Name and Address of Current Registered Agent**

Name
 Gary L. Burns, DC
Street Address (P.O. Box Number is Not Acceptable)
 4331 N. Federal Highway
City Boca Raton **FL** **Zip Code** 33431

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  **Gary L. Burns, DC** **DATE** 1/28/2005
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Gary L. Burns, DC 4331 N. Federal Highway Boca Raton, Florida 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-Officio Member Clifton H. Rodriguez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary L. Burns, CEO

1/28/2005

(561)391-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #