2002 Uniform Business Report (UBR)

FILED May 28, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # J4577 HIROPRACTIC CENTER, INC.			:		002 91744 004	***150.00	
Principal Pla 6509 NO 9 A PENSACOLA US		Mailing Address 6509 N. NINTH AVE. PENSACOLA FL 32504 US					:	
2. Principal	Place of Business	3. Mailing Address	 					
Suite, Apt. #, etc. Cliý & Státe		Suite, Apt. #, etc. City & State		7	DO NOT WRITE IN THIS SPACE			
				4. FEI Number 59-2751458 Applied For Not Applicable				
Zip	Country	Zip	Country	5. Cen	tificate of Status Desired	□ \$8.75 Fee Req	Additional	
	6. Name and Address of Curren	Registered Agent		7. Nan	ne and Address of New Re	,		
WELLS, V	KETTH		Name			<u></u>		
3 WEST GARDEN STREET			Street Addres	s (P.O. Box	Number is Not Acceptable)		
SUITE 50					•			
PENSACO	OLA FL 32501		City			FL Zip (ode	
9. III 2004	e named entity submits this statement f	or the purpose of changing its	s registered critice of regis	torou again,	, or both, in the state of Flor			
SIGNATURE 9. This corp Tax filing	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	end site if applicable. (NOT	TE: Registered Agent eigneture requ III FEE IS \$150.00 IO2 Fee will be \$550.04	ired when reinsta		DATE	.00 May Ba	
SIGNATURE 9. This corp Tax filing	Signature, typed or printed name of registered agent	and title if explicable. (NOT) FILE NOW! After May 1, 20 Make Check Payat	TE: Replaced Apert signature rect 111 FEE IS \$150.00 102 Fee will be \$550.00 ble to Department of S	ired when reinsta	10. Election Campaign Fine Trust Fund Contribution	DATE ancing \$5	ded to Fees	
9. This corp Tax filing (See crite	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so, and on back) OFFICERS AND PST WEST, STEPHNE D.	and title if explicable. (NOT) FILE NOW! After May 1, 20 Make Check Payat	TE: Registered Agent eigneture requ III FEE IS \$150.00 IO2 Fee will be \$550.04	ired when reinsta	iting) 10. Election Campaign Fine	DATE ancing \$5	DRS IN 11	
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Squature, typed or printed name of registered agent or ration is eligible to satisfy its Intangible requirement and elects to do so, and on back) OFFICERS AND PST WEST, STEPHNE D. 6509 N. NINTH AVE. PENSACOLA FL D WEST, STEPHNE D.	and title if explicable. (NOT FILE NOW: After May 1, 20 Make Check Payat DIRECTORS	TE: Replaced Apert signature rect III FEE IS \$150.00 IO2 Fee will be \$550.00 Io2 ble to Department of S I 12. IIILE NAME STREEL ADDRESS	ired when reinsta	10. Election Campaign Fine Trust Fund Contribution	DATE ACCERS ANO DIRECTO	DRS IN 11 e Addition	
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3. 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:

MANAGER POSITION DED CHAPLENE AHANGS
SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OF DEFECTOR

15/02 474 05 Daysima Phone 2