

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63648

1. Entity Name

CARE CHIROPRACTIC CENTERS, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90038 040 ***150.00

Principal Place of Business

Mailing Address

1490 S. MILITARY TR., SUITE #14
WEST PALM BEACH FL 33415

1490 S. MILITARY TR., SUITE #14
WEST PALM BEACH FL 33415-9191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2797168**

Applied For
Not Applicable

Zip

Country

Zip

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

ALTMAN, EDWARD
1858 CAPESIDE CIR
WEST PALM BEACH FL 33414

Name **ALTMAN, EDWARD**
Street Address (P.O. Box Number is Not Acceptable)
305 Pilgrim Road
City **West Palm Beach** FL **33405**

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 *Edward Altman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ALTMAN, EDWARD**
STREET ADDRESS **1858 CAPESIDE CIR**
CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **P** ☒ Change ☐ Addition
NAME **ALTMAN, EDWARD**
STREET ADDRESS **305 Pilgrim Road**
CITY-ST-ZIP **W. Palm Beach FL 33405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Edward Altman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)