2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90168 009 ***150.00

DOCUMENT # K72551

1. Entity Name
ANDERSON CHIROPRACTIC CLINIC, CORPORATION

Principal Place of Business	Mailing Address
6939 RIDGE ROAD PORT RICHEY FL 34668	6939 RIDGE ROAD PORT RICHEY FL 34668

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2937497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, KATHLEEN A.
6939 RIDGE ROAD
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, KATHLEEN A. 5538 FRANCES AVE. NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] x 8/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

90151132
K72551

Richard A. Davis
CERTIFIED PUBLIC ACCOUNTANT, P.A.

August 12, 2003

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Anderson Chiropractic Clinic, Corporation
Document # K72551

Dear Sirs:

Please be advised that this is the first notice my client has received. I, therefore, request that the penalty be waived in regard to this matter and have enclosed a check in the amount of $150.00.

Thank you for your consideration in this matter.

Very Truly Yours,

Richard A. Davis, CPA

2739 US Hwy 19 • Suite 200 • Holiday, Florida 34691 • (727) 937-1671