

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-13-2002 90097 019 *****50.00

DOCUMENT # L01000005458

1. Entity Name

CASSARA CHIROPRACTIC CENTER, P.L.C.

Principal Place of Business

1125 12TH STREET, SUITE B
 VERO BEACH FL 32960

Mailing Address

1125 12TH STREET, SUITE B
 VERO BEACH FL 32960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2046845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASSARA, SAMUEL
1125 12TH STREET, SUITE B
VERO BEACH FL 32960

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **owner** ☐ Delete
 NAME **SAMUEL J. Cassara**
 STREET ADDRESS **1125 12th Street Suite B**
 CITY-ST-ZIP **VERO Beach, FL 32960**

TITLE **Office Manager** ☐ Delete
 NAME **Linda Adams**
 STREET ADDRESS **1125 12th Street Suite B**
 CITY-ST-ZIP **VERO Beach, FL 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Samuel J. Cassara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-26-02 561-562-7441

Date

Daytime Phone #

CR2E083 (9/01)