


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90564 018 ****50.00

0008756

DOCUMENT # L01000005458 1. Entity Name CASSARA CHIROPRACTIC CENTER, P.L.C.	
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Principal Place of Business 1125 12TH STREET, SUITE B VERO BEACH FL 32960	Mailing Address 1125 12TH STREET, SUITE B VERO BEACH FL 32960
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2046845 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM CASSARA, SAMUEL J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSARA, SAMUEL J	NAME	
STREET ADDRESS	1125 12TH STREET SUITE B	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	CITY-ST-ZIP	
TITLE	MGRM ADMAS, LINDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADMAS, LINDA	NAME	
STREET ADDRESS	1125 12TH STREET SUITE B	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED** 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)