

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90141 028 \*\*\*150.00

**DOCUMENT # L05828**  
1. Entity Name  
**CHIROPRACTIC CLINICS, INC.**



Principal Place of Business      Mailing Address  
**516 PATRICIA**      **516 PATRICIA**  
**DUNEDIN FL 34698**      **DUNEDIN FL 34698**

90134623



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 **59-2963237**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**COLUCCI LYNN M.**  
**218 MIDWAY ISLAND**  
**CLEARWATER FL 33767**

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>PST COLUCCI, LYNN M. 218 MIDWAY ISLAND CLEARWATER FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 info empowered.

SIGNATURE: *[Signature]*      Date: **4-15-03**      Daytime Phone #: **727 1361000**

CR2E004 (10/02)