

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90182 021 \*\*\*150.00

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**DOCUMENT # L32745**

1. Entity Name

**SOUTH ANDREWS CHIROPRACTIC CENTER, P.A.**



Principal Place of Business

**1525 SO. ANDREWS AVE  
SUITE 13  
FORT LAUDERDALE FL 33316  
US**

Mailing Address

**1525 SO. ANDREWS AVE  
SUITE 13  
FORT LAUDERDALE FL 33316  
US**

2. Principal Place of Business

**1212 S.E. FIRST AVE.**

3. Mailing Address

**P.O. Box 21459**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**FT. LAUDERDALE, FL.**

City & State

**FT. LAUDERDALE, FL.**

4. FEI Number

**65-0187928**

Applied For

Not Applicable

Zip

**33316**

Country

**USA**

Zip

**33335**

Country

**USA**

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

**MANN, ROBERT J.**

**~~1525 SOUTH ANDREWS AVE~~ 1212 S.E. FIRST AVE  
~~SUITE 13~~ FT. LAUDERDALE, FL.  
~~FT LAUDERDALE FL 33316~~ 33316**

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 \$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	VSD MANN, ROBERT <del>1525 SOUTH ANDREWS AVE #13</del> <del>FORT LAUDERDALE FL 33316</del>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1200 E. LAKE DRIVE FT LAUDERDALE, FL. 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)