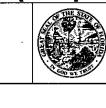
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## L85835 **DOCUMENT#**

1. Entity Name

ALL HEALTH CHIROPRACTIC CENTER, P.A.



## **FILED** Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90103 029 \*\*\*150.00

Principal Plac 6872 N.W. 169 MIAMI FL 3301	ST.	S	6872	Mailing Address 6872 N.W. 169 ST. MIAMI FL 33015										
2. Principal P	lace of Busir	ess	3. Mai	3. Mailing Address					<b>181</b>   <b>1</b>     <b></b>	00 III DI 0 II 0101			15811 B1B11 1881	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State	e		City	City & State				El Number	65-02066	32			pplied For ot Applicable	
Zip Country			Zip	Zip Coun			5. (	5. Certificate of Status Desired					ditional	
	6. Name	and Address of Curi	ent Registere	d Agent			7. N	lame and A	ddress of Ne	w Registere	d Age	ent		
						Name								
HAMALIAN 313 NE 51	ГН СТ.						Street Address (P.O. Box Number is Not Acceptable)							
DANIA FL 33004										F	1	Zip Coc	de	
	named entit ions of regist	y submits this stateme ered agent.	nt for the purp	ose of changing its	registere	d office or	registered age	ent, or both,	in the State o			iliar with,	and accept	
	Signature, typed	or printed name of registered a	igent and title if app	licable (NOTE	: Registered	Agent signatur	e required when re	instating)		DATE				
After	r May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550 Florida Departmen		f State					tion Campaigr Fund Contrib	_			00 May Be d to Fees	
10.				DIRECTORS 11.			AD	DITIONS/C	HANGES TO	OFFICERS A	ND DI	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAMALIAN 313 NE 51 DANIA FL			☐ Delete		1						] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMALIAN 313 N.E. S DANIA FL		,	□ Delete	1		,		, , , , , , , , , , , , , , , , , , , ,			] Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete								] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete .		T ADDRESS ST-ZIP						] Change	Addition	

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: