2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State
04-22-2002 90153 020 ****50.00

FILED

DOCUMENT # L98000001445

RIBLEY CHIROPRACTIC FAMILY CENTER LLC

Principal Plac	ce of Business	Mailing Address							
8525 W. HILLSBOROUGH AVE. TAMPA FL 33615		8525 W. HILLSBOROUGH AVE. TAMPA FL 33615				·			
2. Principal F	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	59-3536979)	-	pplied For ot Applicable	
Zip	Country	Zip Country		5. Certificate of S	tatus Desired		\$5.00 Ad		
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New Re	gistered A	gent	
RIBLEY, PATTY				Name			•		
852	25 W. HILLSBOROUGH AVE. MPA FL 33615	Street Address		(P.O. Box Number is	Not Acceptable)				
i ru	N: A L 300 3								
				City			FL	Zip Coo	te
8. The above	named entity submits this statement for	the purpose of changing its	registered	d office or register	red agent, or both, in	the State of Flori	da.		
CICALATUDE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				Agent signature required	d when reinstating)		DATE		
9.	MANAGING MEMBER	Make Check Pa	yable to	EUS \$50.00 Departmento (1.2002	(State	ADDITIONS/C	LIANICES		
TITLE			TILE			ADDITIONS/C		☐ Change	Addition
NAME	RIBLEY, LARRY	C. T Detects	NAME					L Change	☐ Mudition
STREET ADDRESS	8525 W. HILLSBOROUGH AVE.			ADDRESS					
CITY-ST-ZIP	TAMPA FL 33615		CITY-S	T-ZIP					İ
TITLE	C	☐ Delete	TITLE				•	Change	Addition
NAME	RIBLEY, PATTY		NAME						
STREET ADDRESS	8525 W. HILLSBOROUGH AVE.			ADDRESS					
CITY-ST-ZIP	TAMPA FL 33615	· · · · · · · · · · · · · · · · · · ·	CITY-S	T-ZIP -					
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STREET ADDRESS				ADDRESS					
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TITLE NAME		☐ Delete	TETLE				(Change	☐ Addition
STREET ADDRESS			NAME	ADDRESS					
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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 outside empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP