

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90005 045 ****50.00

DOCUMENT # L99000001944

1. Entity Name

A. KAUFMAN CHIROPRACTIC CENTER, L.L.C.



Principal Place of Business

**1225 45TH STREET, SUITE 307
WEST PALM BEACH FL 33407**

Mailing Address

**1225 45TH STREET, SUITE 307
WEST PALM BEACH FL 33407**

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 **52-2164321**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KAUFMAN, NEIL
1225 45TH STREET, SUITE 307
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33412

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KAUFMAN, NEIL
1225 45TH STREET, SUITE 307
WEST PALM BEACH FL 33407**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/03

561 3800

CR2E083 (10/02)