

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90096 008 \*\*\*150.00

SECRET

**DOCUMENT # L99982**  
 1. Entity Name  
**VICKI M. MERRICK, D.C., P.A.**

Principal Place of Business      Mailing Address  
**1155 MALABAR RD. N.E.**      **P O BOX 100246**  
**STE #5**      **PALM BAY FL 32910-246**  
**PALM BAY FL 32907**      **US**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1326 MALABAR RD SE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**STE #5**

City & State      City & State  
**PALM BAY FL**

4. FEI Number      Applied For  
**59-3028323**      Not Applicable

Zip      Country      Zip      Country  
**32907**      **US**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MERRICK, VICKI M.**  
**1155 MALABAR RD NE**  
**SUITE 5**  
**PALM BAY FL 32907**

7. Name and Address of New Registered Agent  
 Name **VICKI M MERRICK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1326 MALABAR RD SE**  
**SUITE 5**  
 City **PALM BAY**      **FL**      Zip Code **32907**

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.  
 SIGNATURE *Vicki M Merrick*      DATE **020402**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$350.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	PD MERRICK, VICKI M.	<input type="checkbox"/> Delete
STREET ADDRESS	1155 MALABAR RD NE., STE 5	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1326 MALABAR RD., SE STE 5	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Vicki M Merrick*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020402 321 952 7004  
 Date      Daytime Phone #

CR2E034 (9/01)