2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90180 022 ***150.00

0114642 AV

DOCUMENT # M85790

1. Entity Name
COOPER CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTIC CENTER, P.A.

Principal Place of Business	Mailing Address
C/O STANTON T. COOPER. D.C. 4917 COUNTY ROAD 54 NEW PORT RICHEY FL 34652	4917 STATE RD 54 4917 COUNTY ROAD 54 NEW PORT RICHEY FL 34652 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
225 FIFTH AVE.	225 FIFTH AVE.
Suite, Apt. #, etc. # 1	Suite, Apt. #, etc. # 1
City & State INDIALANTIC, FL.	City & State INDIALANTIC, FLA
Zip 32903 Country USA	Zip 32903 Country USA

4. FEI Number 59-2895599 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOPER, STANTON T.
COOPER CHIROPRACTIC CLINIC
4917 COUNTY ROAD 54
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name COOPER, STANTON T D.C.
Street Address (P.O. Box Number is Not Acceptable) COOPER CHIROPRACTIC & NEURO. DIAG. CENTER
225 FIFTH AVE. #1
City INDIALANTIC **FL** Zip Code 32903

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 [signature] DR. STANTON T. COOPER 1-02-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR COOPER, STANTON T. ~~4917 STATE ROAD 54~~ ~~NEW PT. RICHEY FL~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. COOPER, STANTON T. 225 FIFTH AVE. #1 INDIALANTIC, FL 32903 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 1-25-02 321-726-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)