

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90110 025 ***150.00

DOCUMENT # **P00000035940**
1. Entity Name **Parkway Chiropractic AND Sports Clinic Inc**

DO NOT WRITE IN THIS SPACE

80056776

2. Principal Place of Business **5571 Golden Gate Parkway**
Suite, Apt. #, etc. **Parkway**

3. Mailing Address **5571 Golden Gate Parkway**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **NAPLES FL**
Zip **34112** Country **Collier**

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4. FEI Number **59 363 7800**
Applied For Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert A. Mahaney**
Street Address (P.O. Box Number is Not Acceptable) **1635 Windy Pines Dr. #3**
City **NAPLES** FL Zip Code **34112**

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	President & Treasurer Robert A. Mahaney 1635 Windy Pines Dr #3 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary E. Dietrich Drayton 2432 Lake Vista Court CASSELBERRY FL 32707
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert A. Mahaney President** Date: **3/12/02** Daytime Phone #: **941 348 3931**

CR2E034B (12/01)