

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 046 ***150.00

DOCUMENT # P00.000038045

1. Entity Name
B & D Chiropractic Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5450 S. State Road 7 Suite, Apt. #, etc. Ste. 8 City & State Fort Lauderdale, FL Zip 33314		3. Mailing Address 2 South University Dr. Suite, Apt. #, etc. Suite 327 City & State Plantation, FL Zip 33324	
Country USA		Country USA	

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4. FEI Number 65-0988350	Applied For <input type="checkbox"/> Not Applicable
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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 David J. Dorfman
Street Address (P.O. Box Number is Not Acceptable) 5450 S. State Road 7, Ste 8
City Fort Lauderdale
FL Zip Code 33314

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 _____
Signature typed or printed of registered agent and title if applicable.

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 D
NAME David J. Dorfman
STREET ADDRESS 511 Bayshore Dr., #208
CITY-ST-ZIP Fort Lauderdale, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Brett Greenwald
STREET ADDRESS 8495 SE Mangrove St.
CITY-ST-ZIP Hobe Sound, FL 33455

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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: Brett Greenwald 5/21/02 954-581-0724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #