

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000047403

FILED  
Jan 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** AMERICAN MEDICAL & CHIROPRACTIC RESEARCH CENTER, INC.

## Current Principal Place of Business:

680 BEACH ROAD  
SARASOTA, FL 34242

## New Principal Place of Business:

633 ARBOR LAKE LANE  
TAMPA, FL 33602

## Current Mailing Address:

680 BEACH ROAD  
SARASOTA, FL 34242

## New Mailing Address:

633 ARBOR LAKE LANE  
TAMPA, FL 33602

FEI Number: 65-1009634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTTACAVOLI, JOSEPH A D  
680 BEACH ROAD  
SARASOTA, FL 34242 US

## Name and Address of New Registered Agent:

BUTTACAVOLI, D.C., JOSEPH A  
633 ARBOR LAKE LANE  
TAMPA, FL 33602 US

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: JOSEPH A. BUTTACAVOLI, D.C.

01/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BUTTACAVOLI, D.C., JOSEPH A D  
Address: 680 BEACH ROAD  
City-St-Zip: SARASOTA, FL 34242

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BUTTACAVOLI, D.C., JOSEPH A  
Address: 633 ARBOR LAKE LANE  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. BUTTACAVOLI, D.C.

D

01/30/2002

Electronic Signature of Signing Officer or Director

Date