

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90138 019 \*\*\*150.00

0067036  
AV

**DOCUMENT # P00000063359**

1. Entity Name

**NORTH FLORIDA CHIROPRACTIC CENTER, P.A.**



Principal Place of Business  
**305 SW 7 TERRACE  
GAINESVILLE FL 32601**

Mailing Address  
**305 SW 7 TERRACE  
GAINESVILLE FL 32601**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3655801**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIUZZO, MICHAEL T  
305 SW 7 TERRACE  
GAINESVILLE FL 32601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **LIUZZO, MICHAEL**  
STREET ADDRESS **3051 SW 70TH LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **LIUZZO, DEBRA**  
STREET ADDRESS **3051 SW 70TH LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE MICHAEL LIUZZO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/19/03**  
Date

**352 375 3668**  
Daytime Phone #

CR2E034 (10/02)



*North Florida Chiropractic Center*

MICHAEL T. LIUZZO, D.C.  
DIANE K. PEELE, D.C.

*Attachment #*

*90137481*

*00000063359*

305 S.W. SEVENTH TERRACE  
GAINESVILLE, FL 32601  
TELEPHONE: (352) 375-3668

May 19, 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 6478  
Tallahassee, FL 32314-6478

RE: Uniform Business Report Filings

To Whom It May Concern:

Please be advised that North Florida Chiropractic Center, PA, changed bookkeepers between 2002 and 2003. This change in personnel caused the Uniform Business Report not to be filed in a timely manner. Inaccurate information regarding the responsibility of filing this report was the cause for the delay.

In the past we have always filed in a timely manner. Your consideration in waiving the substantial penalty for missing the deadline will be much appreciated.

Thank you very much.

Sincerely,

Michael T. Liuzzo, DC  
President of North Florida Chiropractic Center, PA