

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000080023

FILED  
Jan 22, 2003  
Secretary of State

**Entity Name:** PINES CHIROPRACTIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

11270 PINES BLVD  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

11270 PINES BLVD  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 65-1051391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARISSIMI, THERESA  
11270 PINES BLVD  
PEMBROKE PINES, FL 33026

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARISSIMI, THERESA DR.  
Address: 18690 SW 7TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: RUDOLPH, ALEXIS  
Address: 620 TENNIS CLUB DR #312  
City-St-Zip: FT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THERESA A. CARISSIMI

PRES

01/22/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date