2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT# P00000080553

Entity Name: ALTERNATIVE CHIROPRACTIC MEDICINE 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: 65-0887479 **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

Name and Address of New Registered Agent:

BUTTACAVOLI, JOSEPH A
633 ARBOR LAKE LANE
TAMPA, FL 33602

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 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