

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000094364**

1. Entity Name

**CHIROPRACTIC HEALTH AND WELLNESS CENTERS OF NORTH  
FLORIDA, P.A.**



Principal Place of Business  
1803 BOULEVARD  
JACKSONVILLE FL 32206

Mailing Address  
1803 BOULEVARD  
JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

*3530 Bridgewater Dr*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Jax FL*

Zip

Zip

Country

*32277 DuVal*

4. FEI Number

**59-3679834**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FORT, PETER A  
1803 BOULEVARD  
JACKSONVILLE FL 32206**

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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FORT, PETER A</b> <b>1803 BOULEVARD</b> <b>JACKSONVILLE FL 32206</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*FORT, PETER A*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/20/03*

*563-0778*

Daytime Phone #

012178  
AT

**FILED  
Jul 25, 2003 8:00 am  
Secretary of State**

07-25-2003 90097 013 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (4/03)

Attachment

10110521

#P00000094364

To whom it may concern,

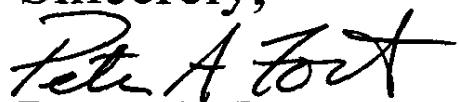
Please accept this letter as notice that we did not receive the prior notice of the Uniform Business Report. We did get the 2<sup>nd</sup> notice and have completed it as quickly as possible.

I guarantee that this will be done each following year before May 1<sup>st</sup>, as required.

In fact next year I'm sure we will file online to be sure this does not happen again.

Thank you for your help.

Sincerely,



Peter A. Fort

President Chiropractic Health Wellness  
centers of N. FL

FEI# 59-3679834