2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000103931

1. Entity Name

CHIROPRACTIC NOT CHIROPRACTIC MEDICINE, INC.



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90025 047 ***150.00

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Principal Place of Business 9743 WEST BROWARD BLVD PLANTATION FL 33324			1848	ng Address N. NOB HILL ROAD NTATION FL 33322)		-	1 MAILEN ID ANI I MAIL			
2. Principal I	Place of Busines	s	3. Ma	iling Address		1					
Suite, Apt	. #, etc.		Suit	e, Apt. #, etc.			4				
City & State								☐ CHECK HERE	IF MAKING	CHANGE	S
City & State			City & State			4. FEI	Number 65-1058446	 3	h	Applied For Not Applicable	
Zip Country			Zip		Country		5. Cer	tificate of Status Desired		8.75 A	dditional
	6. Name ar	d Address of Curren	Registere	ed Agent		*	7 Nar	ne and Address of New R		ee Requi	ed
		2 · · · · · · · ·		्क ्रि न्द्रुक स		Name -	:		registered A	yorit	
YACHTEF	-				<u> </u>	Street Address	(P.O. Box	Number is Not Acceptable	<u></u>		
	ST BRIWARD	BKVD							·/		
PLANIAT	10N FL 33324										
	•					City			FL	Zip Co	de
8. The above	named entity su tions of registere	bmits this statement fo	or the purp	ose of changing its r	registered	office or registe	ered agent	, or both, in the State of Flo	orida. I am fa	miliar with	, and accept
ine obligat	nons or registere	u agent.									
SIGNATURE .	Signature, typed or p.	inted name of registered agent	and title if enn	icable (NOTE:	- Bosistanud A-						
			and this it app	(NOTE.	Hegistered Ag	ent signature require	ed when reinsta	iting)	DATE		
		EE IS \$150.00 Fee will be \$550.00						9. Election Campaign Fin	ancina	\$5.0	00 May Be
1 ake Check	Payable to Fi	orida Department o	f State					Trust Fund Contribution			d to Fees
10.	•	OFFICERS AND		as	11.		ADDIT	IONS/CHANGES TO OFFI	ICERS AND I	IRECTOR	8S IN 11
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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:

SIGNITURE REQUIRED
SIGNATURE AND PRIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 954 474 - 4070
Date Daytime Phone #