

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

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90042 033 \*\*\*150.00

DOCUMENT # **P060000106516**

1. Entity Name

**BRADENTON CHIROPRACTIC & REHAB  
CLINIC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Same**

3. Mailing Address

**601 N. Washington Blvd.**

Suite, Apt. #, etc.

**Same**

Suite, Apt. #, etc.

**SUITE B**

City & State

**Same**

City & State

**SCARASOTA, FL**

Zip

Country

Zip

**34236**

Country

**USA**

4. FEI Number

**651055550**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Joe Baler**

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

**601 N. Washington Blvd. SUITE B**

City

**SCARASOTA**

FL

Zip Code

**34236**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/02**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D. P.  
JOSEPH BALEN  
601 SUITE B. N. Washington Blvd  
SCARASOTA FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/02**

**BILL HEBURN (accountant)  
941-792-4478**

Date

Daytime Phone #

CR2E034B (12/01)