

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90270 044 ***150.00

DOCUMENT # P00000118056
1. Entity Name
FIRST CHIROPRACTIC, INC.

Principal Place of Business
 9746 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065

Mailing Address
 9746 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 65-1870198

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MCMANN, JOHN P
 9746 WEST SAMPLE ROAD
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 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.

SIGNATURE
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 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	DPVS MCMANN, JOHN P 9746 WEST SAMPLE ROAD CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **7/21/01** **954-752-2095**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

JAY SERBIN, CPA, P.A.
Certified Public Accountant
9600 WEST SAMPLE ROAD, SUITE 501
CORAL SPRINGS, FLORIDA 33065

Attachment # 100000118056 ^{AW83906}

(954)346-1996
fax (954)346-1970
email: cpajay@aol.com

July 18, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: FIRST CHIROPRACTIC, INC.
DOCUMENT # P00000118056
EIN: 65-1070198

Gentlemen:

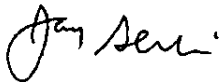
Per my conversation with Robin in your office today, we are enclosing a signed 2001 Uniform Business Report for the above named corporation with the Federal Employer Identification Number shown in block 4.

Please be advised that this corporation timely filed its UBR in early March, 2001 and paid the \$150 filing fee. The corporation did not include its tax identification number and thus your department returned said form on or about March 20, 2001. Unfortunately, this request was never received and the only correspondence received to date was the attached form.

For the above reason, we contacted your office and was instructed to use this form to provide the missing identification number.

We thank you for your cooperation in this matter and apologize for any inconvenience this may have caused.

Sincerely,



JAY SERBIN

JS:

Encl.

cc: First Chiropractic, Inc.



Attachment
A0083906

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

August 2, 2001

FIRST CHIROPRACTIC, INC.
9746 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

Subject: **FIRST CHIROPRACTIC, INC.**

Reference Number: **P00000118056**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs

ANNUAL REPORTS SECTION