

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000008119

FILED
Mar 30, 2003
Secretary of State

Entity Name: NORTH FLORIDA CHIROPRACTIC INJURY CENTER, P.A.

Current Principal Place of Business:

3052 HWY. 17 N.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

10602 PARLIAMENT PL.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3694880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORLANDO, JASON
10602 PARLIAMENT PL.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PTVD () Delete
Name: ORLANDO, JASON
Address: 10602 PARLIAMENT PL
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: SUMNER, CHARYL
Address: 1924 ARCADIA PL
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SUMNER, CHARYL
Address: 1924 ARCADIA PL
City-St-Zip: JACKSONVILLE, FL 32207

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 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: JASON ORLANDO

PTVD

03/30/2003

Electronic Signature of Signing Officer or Director

Date