

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90963 046 ***150.00

DOCUMENT # P01000008155

1. Entity Name
CHIROMEDICAL, INC.



Principal Place of Business
**14989 TAMiami TRAIL
NORTH PORT FL 34287**

Mailing Address
**1361 SUMTER BLVD
NORTH PORT FL 34287**



2. Principal Place of Business
1361 Sumter Blvd

3. Mailing Address
1361 Sumter Blvd

Suite, Apt. #, etc.
NORTH PORT FL

Suite, Apt. #, etc.

City & State

City & State
NORTH PORT FL

Zip
34287

Country
USA

Zip
34287

Country
USA

4. FEI Number **22-3816076**

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

**VAN WINKLE, JAMES R
14989 TAMiami TRAIL
NORTH PORT FL 34287**

Name

VAN Winkle James R

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

3337 Pine Shadow Circle

City

NORTH PORT

FL

Zip Code

34287

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

2/27/2003

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
**D
VAN WINKLE, JAMES R
14989 TAMiami TRAIL
NORTH PORT FL 34287** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2003 9114232667

Date

Daytime Phone #

CR2E034 (10/02)