2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000012426

1. Entity Name

GENE A. PERKINS, JR., D.C., P.A.

FILED Jul 23, 2002 8:00 am Secretary of State

07-23-2002 90341 004 ***150.00

Principal Place of Business

DEERFIELD HEALTH & WELLNESS CENTER 100 SOUTH MILITARY TRAIL - #18 DEERFIELD BEACH FL 33442

Mailing Address

DEERFIELD HEALTH & WELLNESS CENTER 100 SOUTH MILITARY TRAIL - #18 DEERFIELD BEACH FL 33442



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2. Principal Place of Business 1800 N FEDERAL HIGHWA	3. Mailing Address Y 1800 N FEDE	ERAL HIGHWAY	-	1 86111 18111 66161 11616 11811 61818 11616 6111 16
Suite, Apt. #, etc. SUITE 105	Suite, Apt. #, etc. SUITE 105		DO NOT WRITE IN THIS SPACE	
City & State POMPANO BEACH, FLORID	City & State POMPANO BEA	ACH, FLORIDA	4. FEI Number A 65-1082543	Applied For Not Applicable
Zip Country 33062-1011UNITED STAT	Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New R	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Street Address	HONYJREITANO-CI	PA
		City BOCA RATON		
				FL Zip Code 33432
8. The above named entity submits this statement to SIGNATURE Signature, typed or printed name (registred agent a gent a	Ind title if applicable. (NOTE: R	HONY J NEM Registered Agent signature required FEE IS \$150.00	Machine (1997)	7-16-02 DATE
Tax filing requirement and elects to do so. (See criteria on back)	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of Sta	10. Election Campaign Fina Trust Fund Contribution	
11. OFFICERS AND I		12,	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 11
D PERKINS, GENE A JR. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP	☐ Delete	TITLE NAME		☐ Change ☐ Addition
		STREET ADDRESS CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

REREQUIRGENE A PERKINS JR

ANTHONY J. REITANO DOCUMENT #
CERTIFIED PUBLIC ACCOUNTANT PO1000012426

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 16, 2002

Divisions of Corporations Annual Reports Filings P O Box 1500 Tallahassee, Florida -32302-1500

RE: Gene A Perkins, D.C., P.A. Document #P01000012426

Dear Sir/Madam:

Please be advised that my client, the above-referenced taxpayer, moved during the early part of 2002 and only recently received its 2002 Uniform Business Report.

Enclosed please find the duly executed report. It is respectfully requested that the \$400 late payment fee, be waived due to the fact that my client was not in possession of the report on the May 1, 2002, filing deadline. Accordingly, also enclosed is the corporation's check in the amount of \$150.

Thank you very much for your consideration. Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Anthony J Reitand

Certified Public Accountant

AJR/jjm

cc: Dr Gene A Perkins