DOFOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) FIFT DOCHMENT # PO1000030311 02 DEC 26 ANIO: 2! GREATER Chiropractic Center Corp. SECRETY BY AN STATE FALLARYSSEE, PLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1516 E. Colonial 1516 E. Colonial DR. DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE sui ke <u>Suite 120</u> City & State City & State 4. FEI Number Applied For ORlando, FL 59-3710821 Orlando, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3**2** 803 US A Fee Required 7. Name and Address of Current Registered Agent Michael ORTIZ ----DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1516 E. Colonial City ORLando 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 Michael ORHZ

Signature, typed or printed name of registered agent and title if applicables January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. (12/01)Presidut Michael Ortiz TITLE TITLE 800009149708 11/21/02--01063--006 **150.00 NAME NAME 15/6 2. Colonial Dr. Suite 120 STREET ADDRESS STREET ADDRESS CR2E034B CITY-ST-ZIP CITY-ST-ZIP Orlando A 32Poz Secretary Yesenia Ortz 1516 E. Colonial Dr. wite 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greater Chiropractic Center Corp. 1516 E. Colonial Drive, Suite 120 Orlando, FL 32803 (407) 895-9292

November 14, 2002

RE: 2002 Uniform Business Report

To Whom It May Concern:

I relocated to Florida in early 2001 and formed the following two corporations, Greater Chiropractic Center Corp. and Massage For Life Corp. I did not receive the 2002 Uniform Business Report for either corporation and I was unaware that I even had to file such a report and pay a fee to renew the corporations each year. I recently hired a Certified Public Accountant to handle my compliance needs. He discovered that my new corporations were administratively dissolved due to failure to file these reports. At his instruction I have completed blank Uniform Business Reports for each corporation in order to renew. A check for \$150.00 for each corporation is included. I request that you waive any late filing penalties, as I was unaware of this compliance requirement and did not receive any notice from the Division of Corporations. Please notice that my address is different than that recorded on your records. Now that I am aware of this requirement, this should never happen again.

Please contact me if you have questions or need additional information. Thank you for your assistance.

Sincerely,

Michael Ortiz