

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000057799

1. Entity Name

ROGER C. LEDLOW, DC PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3116 Capital Circle NE

Suite, Apt. #, etc.

Suite 3

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Address
3116 Capital Circle NE

Suite, Apt. #, etc.

Suite 3

City & State

Tallahassee, FL

Zip

32308

Country

USA

4. FEI Number

59-2915371

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Roger C. Ledlow

Street Address (P.O. Box Number is Not Acceptable)
2025 Chimney Swift Hollow

City: Tallahassee

FL

Zip Code: 32312

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

Roger C. Ledlow

8-8-03

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renesting)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roger C. Ledlow, DC 2025 Chimney Swift Hollow Tallahassee, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, without other like empowered.

SIGNATURE:

Roger C. Ledlow, DC

8-8-03

850/668-7062

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)



LEDLOW
CHIROPRACTIC & REHABILITATION

Attachments# 80131920

Dr. Roger Ledlow Chiropractic Orthopedist
Ph. 850-668-7062 Fax. 850-386-5795
3116 Capital Circle N.E., Suite 3 Tallahassee, FL 32308

August 8, 2003

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

RE: ACCOUNT #: 59-2915371
DOCUMENT #: P01000057799

Florida Department of State:

Enclosed is our 2003 For Profit Corporation Uniform Business Report (UBR). Please note that our office relocated in January of 2003 and again on March 10 of 2003. Changes of address were made with the post office, but some of our mail was only forwarded once and not to the second address. I did not receive the preprinted form from your office, so I am following the instructions given me by Tyrone Scott in your office (245-6059) regarding the downloading of this form from your website.

Our check #1083 in the amount of \$150 made payable to the "Florida Department of State" is enclosed. I am asking that you waive the late fees due to the fact that much of our mail has not been forwarded because of two location moves in such a short period of time.

If you need any additional information, please contact me at the address and number listed above.

Thank you for your help with this matter!

Sincerely,

ROGER C. LEDLOW, DC FACO

rrl

Attachment: 2003 For Profit Corporation Uniform Business Report (UBR) with check #1083