

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90089 006 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000075034**  
 1. Entity Name  
**ROGERS CHIROPRACTIC, INC.**

Principal Place of Business      Mailing Address  
 909 NORTHEAST 20TH AVENUE      909 NORTHEAST 20TH AVENUE  
 FORT LAUDERDALE FL 33304      FORT LAUDERDALE FL 33304

2. Principal Place of Business      3. Mailing Address  
 909 NE 20<sup>th</sup> Ave      909 NE 20<sup>th</sup> Ave

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**FORT LAUDERDALE FL**      **FORT LAUDERDALE FL**  
 Zip      Country      Zip      Country  
**33304**      **USA**      **33304**      **USA**

4. FEI Number      Applied For  
**05-1122817**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROGERS, JESSE**  
**909 NORTHEAST 20TH AVENUE**  
**FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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.  
 SIGNATURE *Jesse Rogers*      DATE *Jan 26, 2002*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PRESIDENT</b> <b>Jesse Rogers</b> <b>909 NE 20<sup>th</sup> AVE</b> <b>FORT LAUDERDALE 33304</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jesse Rogers DC*      DATE: *MAY 17 2002*      (954) 525-0111

*Jesse Rogers D.C.*



DO NOT WRITE IN THIS SPACE

CR2E03A (9/01)