FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91012 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080665

1. Entity Name
Village Chiropractic & Healing Arts Center, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6607 W. Boynton Bch. Blvd.
Suite, Apt. #, etc.
City & State
Boynton Beach, FL
Zip 33437 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1130100
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steven Horowitz, DC
Street Address (P.O. Box Number is Not Acceptable): 6607 W. Boynton Bch. Blvd.
City: Boynton Beach, FL Zip Code: 33437

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 _____ Steven M. Horowitz, DC 4/28/03
(Signature of registered agent) (Typed or printed name of registered agent) (Date)

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	PSD
NAME	Horowitz, Steven
STREET ADDRESS	6607 W. Boynton Bch. Blvd.
CITY-ST-ZIP	Boynton Beach, FL 33437

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, with all other like empowered.

SIGNATURE: _____ Steven M. Horowitz, DC 4/28/03 561-640-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034B (12/02)