

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91457 030 \*\*\*158.75

<b>DOCUMENT # P01000080955</b> 1. Entity Name <b>LAS OLAS CHIROPRACTIC, INC.</b>					
Principal Place of Business 1427 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334			Mailing Address 1427 E. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33334		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>6220 N. Federal Hwy</b>  Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Ft. Lauderdale, FL</b> Zip      Country <b>33308      USA</b>		4. FEI Number      Applied For <b>65-1134796</b> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  <b>ENNIS, AMY E</b> <b>1427 E. COMMERCIAL BLVD.</b> <b>FT. LAUDERDALE, FL 33334</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ENNIS, AMY E</b> <b>1427 E. COMMERCIAL BLVD.</b> <b>FT. LAUDERDALE, FL 33334</b>		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4/30/2003</b> <b>954-489-4790</b> <small>Daytime Phone #</small>		

CR2E034 (10/02)