

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90105 019 ***155.00

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DOCUMENT # P01000106526

1. Entity Name
REGENCY CHIROPRACTIC CENTER, P.A.



Principal Place of Business
**1954 SOUTHSIDE BLVD
JACKSONVILLE FL 32216**

Mailing Address
**1954 SOUTHSIDE BLVD
JACKSONVILLE FL 32216**

2. Principal Place of Business
1954 Southside Blvd

3. Mailing Address
Suite 1

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32216

Country
USA

Zip
32216

Country
USA

4. FEI Number **59-3755246**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POMPEY, HAROLD J
13810 SUTTON PARK DR #922
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name
Harold J Pompey

Street Address (P.O. Box Number is Not Acceptable)
4090 Hodges Blvd

Apt 3508

City
Jacksonville FL Zip Code
32224

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POMPEY, HAROLD J 13810 SUTTON PK D N #922 JACKSONVILLE FL 32224	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POMPEY, HAROLD J 13810 SUTTON PK D N #922 JACKSONVILLE FL 32224	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POMPEY, HAROLD J 13810 SUTTON PK D N #922 JACKSONVILLE FL 32224	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4090 Hodges Blvd Apt 3508 Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4090 Hodges Blvd, Apt 3508 Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4090 Hodges Blvd, Apt 3508 Jacksonville, FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED *Harold J Pompey* **8/22/03 (904) 725-1830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)



Attachment

Regency Chiropractic Center
Harold J. Pompey, D.C.

80140281
#F01000106526

August 22, 2003

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

To whom it may concern,

This letter is to inform you that we did not receive a prior notice. Please note that the suite 1 should appear in the address,

Respectfully yours


Dr Harold J. Pompey
President