

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

DOCUMENT # **P 01000119808**

1. Entity Name

**Plantation Chiro - Medical, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**660 N. State Rd 7**

Suite, Apt. #, etc.

**Suite 1**

3. Mailing Address

**2700 NW 62nd street**

Suite, Apt. #, etc.

**D134**

City & State

**Plantation, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33317**

Country

**USA**

Zip

**33309**

Country

**USA**

4. FEI Number

**01-0552569**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Dr. David Romano**

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

**2700 NW 62nd ST**

**#D134**

City

**Ft. Lauderdale**

FL

Zip Code

**33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

**10/24/02**  
DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>Dr. Sol Pellegrino</b>
STREET ADDRESS	<b>4021 N. Andrews Ave</b>
CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33309</b>
TITLE	<b>VP/T/S</b>
NAME	<b>Dr. David Romano</b>
STREET ADDRESS	<b>2700 NW 62nd ST #D134</b>
CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33309</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/24/02**  
Date

**954 974-4546**  
Daytime Phone #

CR2E034B (12/01)

# Plantation Chiro-Medical, Inc.

2700 NW 62 Street, Suite D134

Fort Lauderdale, FL 33309

Ph: 954-974-4546 Fax: 954-974-6608

November 4, 2002

Dr. David L. Romano  
Plantation Chiro-Medical, Inc.  
2700 NW 62 Street, Suite D134  
Fort Lauderdale, FL 33309

Divisions of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: Uniform Business Report filing  
Document # P01000119808 - FEI # 01-0552569

To Whom It May Concern:

Attached you will find the Uniform Business Report along with a check for \$150.00. I am sending this in at this time however in the past we did not receive any correspondence regarding the filing of this report. We were made aware of this requirement last week by a vendor. I do apologize for any inconvenience.

Thank you



Dr. David L. Romano