2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003
Secretary of State

DOCUMENT# P01000120653

Entity Name: LEE CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1670 STICKNEY POINT RD
SARASOTA, FL 34231

New Principal Place of Business:

3667 BAHIA VISTA ST.
A
SARASOTA, FL 34232

Current Mailing Address:

1670 STICKNEY POINT RD
SARASOTA, FL 34231

New Mailing Address:

3667 BAHIA VISTA ST.
A
SARASOTA, FL 34232

FEI Number: 47-0848630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, STEPHEN D DC
1670 STICKNEY POINT RD
SARASOTA, FL 34231

Name and Address of New Registered Agent:

LEE, STEPHEN D DC
3667 BAHIA VISTA ST.
A
SARASOTA, FL 34232

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: STEPHEN D LEE DC 01/21/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEE, STEPHEN D DC
Address: 1670 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: LEE, APRIL M DC
Address: 1670 STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEE, STEPHEN D DC
Address: 3667 BAHIA VISTA ST A
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Change ( ) Addition
Name: LEE, APRIL M DC
Address: 3667 BAHIA VISTA ST. A
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN D LEE DC D 01/21/2003
Electronic Signature of Signing Officer or Director Date