


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2003 8:00 am
Secretary of State

05-01-2003 90419 021 ***150.00

DOCUMENT # P02000004158					
1. Entity Name KV CHIROPRACTIC HEALTH CARE, INC.					
Principal Place of Business 805 VIRGINIA AVE. STE. 25 FT. PIERCE FL 34982			Mailing Address 805 VIRGINIA AVE. STE. 25 FT. PIERCE FL 34982		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-0023185 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLER, LES 805 VIRGINIA AVE. STE. 25 FT. PIERCE FL 34982			Name Sandra Orrego		
			Street Address (P.O. Box Number is Not Acceptable) 805 Virginia Ave., #25		
			City Fort Pierce FL Zip Code 34982		
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 <i>Sandra Orrego</i> Sandra Orrego/President 4-25-03 <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
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	D WALLER, LES <input checked="" type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	805 VIRGINIA AVE. STE. 25		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34982		CITY-ST-ZIP		
TITLE	D ORREGO, SANDRA <input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS	805 VIRGINIA AVE. STE. 25		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34982		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sandra Orrego</i>			04-25-03 Date Daytime Phone #		

00040073

☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)