

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90382 030 ***150.00

DOCUMENT # P02000017833

1. Entity Name
KEENAN CHIROPRACTIC, P.A.



Principal Place of Business
3525 BONITA BEACH ROAD SUITE 107
BONITA SPRINGS, FL 34134

Mailing Address
3525 BONITA BEACH ROAD SUITE 107
BONITA SPRINGS, FL 34134

2. Principal Place of Business
3388 Woods Edge Cir
Suite, Apt. #, etc.
Ste. 102
City & State
Bonita Springs FL
Zip
34134 Country
USA

3. Mailing Address
3388 Woods Edge Cir
Suite, Apt. #, etc.
Ste. 102
City & State
Bonita Springs FL
Zip
34134 Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0542927 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEENAN, MICHAEL JAY DR.
3525 BONITA BEACH ROAD SUITE 107
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
3388 Woods Edge Circle Ste. 102
City **Bonita Springs** **FL** Zip Code **34134**

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 *Michael Jay Keenan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE **4/15/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee Will be \$650.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KEENAN, MICHAEL JAY ☐ Delete
3525 BONITA BEACH ROAD SUITE 107
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LOURIE, LYNN MARIE ☐ Delete
3525 BONITA BEACH ROAD SUITE 107
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Keenan Michael Jay ☒ Change ☐ Addition
3388 Woods Edge Circle Suite 102
Bonita Springs FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Louie Lynn Marie ☒ Change ☐ Addition
3388 Woods Edge Circle Suite 102
Bonita Springs FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Michael Jay Keenan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/03** 239.949.0220
Daytime Phone #

CR2E034 (10/02)