2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P02000019294

1. Entity Name
TAMPA CHIROPRACTIC HEALTHCARE, P.A.

Principal Place of Business	Mailing Address
701 WEST M. L. KING JR. BLVD.	701 WEST M. L. KING JR. BLVD.
SUITE 4	SUITE 4
TAMPA FL 33603	TAMPA FL 33603

2. Principal Place of Business
15803 ASHBURY PL
Suite, Apt. #, etc.

3. Mailing Address
15803 ASHBURY PL
Suite, Apt. #, etc.

✗ CHECK HERE IF MAKING CHANGES

City & State	City & State
TAMPA FL	TAMPA FL
Zip 336824 Country USA	Zip 33624 Country USA

4. FEI Number   74-3038755 | Applied For / Not Applicable |

5. Certificate of Status Desired ✗ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UY, DOMINADOR R JR.
15803 ASHBURY PLACE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name:

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

City ____ FL   Zip Code

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 $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. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME UY, DOMINADOR R JR. STREET ADDRESS 701 WEST M. L. KING JR. BLVD. SUITE 4 CITY-ST-ZIP TAMPA FL 33603	✗ Delete	TITLE P NAME UY, DOMINADOR R. JR. STREET ADDRESS 15803 ASHBURY PL CITY-ST-ZIP TAMPA FL 33624	✗ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____   1/14/03   (813) 732-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #