2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90157 035 ***150.00

DOCUMENT # P02000024669

1. Entity Name
MUSA CHIROPRACTIC & WELLNESS CENTER, INC.

Principal Place of Business	Mailing Address
12764 TURTLE LANE LANE JACKSONVILLE FL 32246	12764 TURTLE LANE LANE JACKSONVILLE FL 32246

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1605 County Rd. 220		1605 County Rd. 220	
Suite, Apt. #, etc. 165		Suite, Apt. #, etc. 165	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32003	Country USA	Zip 32003	Country USA

4. FEI Number 02-0564873 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MUSA, JOSEPH A
12764 TURTLE LANE LANE
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name: Musa, Joseph A.
Street Address (P.O. Box Number is Not Acceptable): 1605 County Rd. 220 #165
City: Orange Park FL Zip Code: 32003

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] DATE 1-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSA, JOSEPH A 12764 TURTLE LANE LANE JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSA, MARY ANN 12764 TURTLE LANE LANE JACKSONVILLE FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: X SIGNATURE REQUIRED [signature] 1-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)