

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90208 035 \*\*\*150.00

**DOCUMENT # P02000029628**

**1. Entity Name**  
**CHIROPRACTIC CARE CENTER OF OVIEDO, INC.**



**Principal Place of Business**  
1515 W BROADWAY  
OVIEDO FL 32765

**Mailing Address**  
1515 W BROADWAY  
OVIEDO FL 32765

**55039495**



**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**

59-2812389

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

LYONS, JOHN DR.  
1515 W BROADWAY  
OVIEDO FL 32765

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Pres. Dr. John Lyons*  
*1515 W. Broadway*  
*OVIEDO FL 32765*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President*  
*JOHN LYONS*  
*1924 Wittingham Rd.*  
*CHULUOTA FL 32766*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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**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:**

*DR. JOHN LYONS*

4/21/03

Date

(407) 366-8082

Daytime Phone #

CR2E034 (10/02)