

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90157 024 \*\*\*150.00

**DOCUMENT # P02000057639**

1. Entity Name  
**ADVANCED WHEELCHAIR CLINIC, INC.**



Principal Place of Business  
**6005 POWERS AVENUE  
SUITE #105  
JACKSONVILLE FL 32226**

Mailing Address  
**6005 POWERS AVENUE  
SUITE #105  
JACKSONVILLE FL 32226**



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

**02-00183**

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

**BARROW, JENNIFER S  
6005 POWERS AVENUE  
SUITE #105  
JACKSONVILLE FL 32226**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**32217**

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  Delete  
NAME **PD**  
STREET ADDRESS **BARROW, JENNIFER S**  
CITY-ST-ZIP **6542 HECKSCHER DRIVE**  
**JACKSONVILLE FL 32226**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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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:

*Jennifer Barrow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/03**  
Date

Date

**(904) 334-2048**  
Daytime Phone #

CR2E034 (10/02)