

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90157 050 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000081821**

1. Entity Name  
**FT. MYERS FAMILY CHIROPRACTIC CENTER,  
INC.**



Principal Place of Business  
**3651 EVANS AVENUE UNIT 108-109  
FORT MYERS, FL 33901**

Mailing Address  
**3651 EVANS AVENUE UNIT 108-109  
FORT MYERS, FL 33901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**61-1421535**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THEODORE, EDNER  
6480 METROWEST BLVD. SUITE 910  
ORLANDO, FL 32835**

Name

**Edner Theodore**

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

**2413 Lake Delva Dr**

**#1212**

City

**Orlando**

FL

Zip Code

**32835**

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]*

Signature, typed or printed name of registered agent and title if applicable.

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

**4-23-03**

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

TITLE **PD** ☐ Delete  
NAME **THEODORE, EDNER**  
STREET ADDRESS **3651 EVANS AVENUE UNIT 108-109**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **V** ☐ Delete  
NAME **DELVA, FEGHENS**  
STREET ADDRESS **3651 EVANS AVENUE UNIT 108-109**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **ST** ☐ Delete  
NAME **JULSSAINT, MICHELET**  
STREET ADDRESS **3651 EVANS AVENUE UNIT 108-109**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-23-03**

Daytime Phone #

CR2E034 (10/02)