FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099404

1. Entity Name: Desdunes Chiropractic Center Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 16 AM 10:59

J0133297[illegible]

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

8/28/03 01018 007 165.00

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2. Principal Place of Business	3. Mailing Address
6677 Lake Worth Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth Fl	City & State
Zip: 33467 Country:	Zip: Country:

4. FEI Number: 82-0565696 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Morilus Dat

Street Address (P.O. Box Number is Not Acceptable): 1024 Foster Mill Rd.

City: Boynto Beach FL Zip Code: 33436

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 signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Morales Dat 1024 Foster Mill Rd Boynton Beach FL 33436
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CR2E034B (12/02)

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 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 — Daytime Phone #