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Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90115 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70036626

DOCUMENT # P02000100983

1. Entity Name
FOCUS FAMILY CHIROPRACTIC CENTER, INC.

Principal Place of Business	Mailing Address
620 NE 128TH STREET MIAMI, FL 33161	620 NE 128TH STREET MIAMI, FL 33161

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 01-0756731 ☐ 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
PIERRE-LOUIS, AIBY 620 NE 128TH STREET MIAMI, FL 33161	Name: Montinard, Jean F Street Address (P.O. Box Number is Not Acceptable): 19431 NW 77th Court City: Miami Lakes FL Zip Code 33015

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 JEAN F MONTINARD [signature] 04/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE NOTICE: 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 PIERRE-LOUIS, AIBY 1395 NE 129TH STREET MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCOIS, MAX 6481 S.W. 4TH STREET PEMBROKE PINES, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTINARD, JEAN F 19431 NW 77TH COURT MIAMI LAKES, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORVIL, HENRY F 3216 SW 52ND AVENUE #7 PEMBROKE PARK, FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCK, RICKSON 6328 NW 181 TERRACE HIALEAH, 33 015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, WEZ 19852 SW 3RD PLACE PEMBROKE PINES, FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/03/03 (305)981.1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #