

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

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90086 005 ***158.75

DOCUMENT # **P03000085639**

1. Entity Name

N+K Chiropractic + Wellness Center, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6018 SW 18th Street

Suite, Apt. #, etc.

#C11

City & State

Boca Raton, Florida

Zip

33433

Country

US

3. Mailing Address

6018 SW 18th Street

Suite, Apt. #, etc.

#C11

City & State

Boca Raton, Florida

Zip

33433

Country

US

4. FEI Number

90-0101896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Nathan L. Feldman**

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

565 Jefferson Drive, #115

City

Deerfield Beach

FL

Zip Code

33442

**DO NOT WRITE
IN THIS SPACE**

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

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 **President, Secretary, + Treasurer (P, T, S)**
NAME **Nathan L. Feldman**
STREET ADDRESS **6018 SW 18th St. Suite C11**
CITY-ST-ZIP **Boca Raton, FL 33433**

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IN THIS SPACE**

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:

Nathan L. Feldman; Nathan L. Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-04

Date

561-416-1767

Daytime Phone #

CR2E034B (12/02)