

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

APPROVAL  
AND  
FILED

ATX1

<b>DOCUMENT #</b> P03000088676	
<b>1. Entity Name</b>	
USA Chiropractor & Rehab Center, Inc.	

06 DEC -1 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

07/03/06 90003 001 \$550.00  
**REINSTATEMENT** 06

<b>2. Principal Place of Business</b> 1120 Sunset Strip	<b>3. Mailing Address</b> 1120 Sunrise Strip
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Sunrise, FL	<b>City &amp; State</b> Sunrise, Florida	<b>4. FEI Number</b> 20-0148841	<b>Applied For</b> Not Applicable
<b>Zip</b> 33313	<b>Country</b> USA	<b>Zip</b> 33313	<b>Country</b> USA
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Bernard Despinosse  
**Street Address (P.O. Box Number is Not Acceptable)**  
701 Azalea Court

**City**  
Plantation **FL** **Zip Code**  
33317

**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**  **Bernard Despinosse** **11/28/2006**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Exec. Vice President/Chairperson Elizabeth Despinosse 701 Azalea Court Plantation, Florida 33317	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Board Advisor/Ex-officio member Rodriguez, Clifton H. 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	800082210308 12/01/06-01003-005 \$235.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President/CEO Bernard Despinosse 701 Azalea Court Plantation, Florida 33317	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Medical Director Serge L. Alexandre, M.D. 1883 Congress Avenue Delray Beach, Florida 33445	<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Bernard Despinosse, CEO** **11/28/2006** **(954)587-9448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #