

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

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90032 004 \*\*\*150.00

<b>DOCUMENT #</b> P04000020389
<b>1. Entity Name</b>
Coral Lakes Chiropractic, Inc

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2518 North State Road 7 Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3146 NW 68th Street Suite, Apt. #, etc. Suite No.1
<b>City &amp; State</b> Lauderdale Lakes, FL	<b>City &amp; State</b> Fort Lauderdale, Florida
<b>Zip</b> 33313	<b>Country</b> USA
<b>Zip</b> 33309-1206	<b>Country</b> USA

<b>4. FEI Number</b> 41-2124393	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Jonas Fils	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7510 NW 41st Street	
<b>City</b> Coral Springs	<b>Zip Code</b> 33065

**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** Jonas Fils **Jonas Fils** **1/24/2008**  
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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson of the Board Jonas Fils 7510 NW 41st Street Coral Springs, Florida 33065
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President/Director Jean J. Fils 7510 NW 41st Street Coral Springs, Florida 33065
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Corporate Treasurer/Director Henry Maurepas 4253 NW 55th Place Coconut Creek, Florida 33073
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Consultant Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street Fort Lauderdale, Florida 33309-1206
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**11.**

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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:** Jonas Fils **Jonas Fils, CEO** **1/24/2008** **(754)224-9514**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**