

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000020389
1. Entity Name 20389
 Coral Lakes Chiropractic, Inc

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

09 FEB -2 PM 3:22

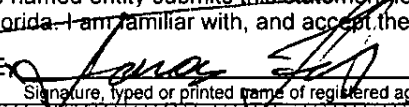
DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 41-2124393		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name Jonas Fils Street Address (P.O. Box Number is Not Acceptable) 7510 NW 41st Street City Coral Springs FL Zip Code 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** **1/24/2009**
 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

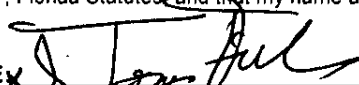
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson of the Board Jonas Fils 7510 NW 41st Street Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200142889462 02/05/09--01009--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President/Director Jean J. Fils 7510 NW 41st Street Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Treasurer/Director Henry Maurepas 4253 NW 55th Place Coconut Creek, Florida 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Consultant Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street Fort Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, CEO** **1/24/2009** **(754)224-9514**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**