

550

ATX1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06000129449	
1. Entity Name	
USA Chiropractic & Rehab Center, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1120 Sunset Strip Suite, Apt. #, etc.	3. Mailing Address 1120 Sunrise Strip Suite, Apt. #, etc.
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City & State Sunrise, FL	City & State Sunrise, Florida
Zip 33313	Country USA

4. FEI Number 20-5939445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

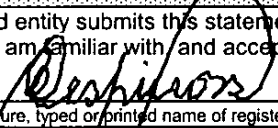
**DO NOT WRITE
IN THIS SPACE**

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.

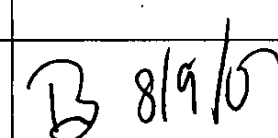
SIGNATURE  **Bernard Despinosse** **1/25/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. Vice President/Chairperson Elizabeth Despinosse 701 Azalea Court Plantation, Florida 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio member Rodriguez, Clifton H. 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Bernard Despinosse 701 Azalea Court Plantation, Florida 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Medical Director Serge L. Alexandre, M.D. 1883 Congress Avenue Delray Beach, Florida 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200106730129 07/25/07-01003-426 **1100.40
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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** **1/25/2007** **(954)587-9448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #