2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P93000046133 1. Entity Name 05-18-2001 91601 007 ***150.00 DUNEDIN CHIROPRACTIC CLINIC, INC. Principal Place of Business Mailing Address 516 PATRICIA AVE. 516 PATRICIA AVE. $UU \approx UU$ DUNEDIN FL 34698 DUNEDIN FL 34698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLUCCI, LYNN M. Street Address (P.O. Box Number is Not Acceptable) 3711 TAMPA ROAD 218 MIDWAY ISLAND **CLEARWATER FL 34630** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE TITLE D NAME COLUCCI, LYNN NAME STREET ADDRESS STREET ADDRESS 516 PATRICIA AVE. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR