FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2001 8:00 am DOCUMENT # P93000052375 **Secretary of State** 1. Entity Name NEIL H. COHEN, D.C., P.A. 03-02-2001 90081 014 ***150.00 Principal Place of Business Mailing Address 1436 E ATLANTIC BLVD 1436 E. ATLANTIC BLVD C0028576 LIFE FIRST CHIROPRACTICE CENTER POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0426052 Not Applicable Ζiρ Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COHEN, NEIL H. Street Address (P.O. Box Number is Not Acceptable) 1436 E ATLANTIC BLVD POMPANO BCH FL 33060 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVPT** ☐ Change ___ Addition TITLE ☐ Delete TITLE COHEN, NEIL H. NAME NAME STREET ADDRESS 1436 E. ATLANTIC BLVLD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP POMPANO BCH. FL TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND FFIGURE OF DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-SY-ZIP

Date Of GSYRULYOOC

Change

☐ Addition

CR2E034 (10/00)