

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 11, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-11-1999 90068 030 \*\*\*150.00

**DOCUMENT # P94000066703**

1. Corporation Name  
**UNIVERSAL CHIROPRACTIC CENTER, INC.**



Principal Place of Business      Mailing Address  
**% L KUSNITZ**      **% L KUSNITZ**  
**2692 N UNIVERSITY DR**      **2692 N UNIVERSITY DR**  
**SUNRISE FL 33322**      **SUNRISE FL 33322**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

3. Date Incorporated or Qualified  
**09/12/1994**  
 4. FEI Number      Applied For  
**65-0521756**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**  
 8. This corporation owes the current year intangible Personal Property Tax.       Yes       No

9. Name and Address of Current Registered Agent  
**KUSNITZ, LAWRENCE**  
**2692 N UNIVERSITY DR**  
**SUNRISE FL 33322**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 Zip Code  
**FL**

11: Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

12. OFFICERS AND DIRECTORS  
 DELETE  
 TITLE **D**  
 NAME **KUSNITZ, LAWRENCE**  
 STREET ADDRESS **2692 N UNIVERSITY DR**  
 CITY-ST-ZIP **SUNRISE FL 33322**  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DELETE  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change       Addition  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 Change       Addition  
 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 Change       Addition  
 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 Change       Addition  
 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 Change       Addition  
 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 Change       Addition  
 6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence Kusnitz* **FILED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99  
Date Daytime Phone #

CR2E034 (11/98)