- Sent via Regular Mail 4/28/03

# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072206

1. Entity Name
MIAMI GARDENS CHIROPRACTIC CENTER, INC.

FILED
04 JUL 20 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 9380 SW 72ND ST<br>SUITE B-236<br>MIAMI FL 33173 | 9380 SW 72ND ST<br>SUITE B-236<br>MIAMI FL 33173<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0523678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, LUIS M
9380 SW 72ND ST
SUITE B-236
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CASTILLO, LUIS<br>9380 SW 72ND ST SUITE B-236<br>MIAMI FL 33173 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RUSSO, ELLEN<br>9380 SW 72ND ST SUITE B-236<br>MIAMI FL 33173 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 300039683173<br>07/29/04--01009--013 **150.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 8/7/27 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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

SIGNATURE: [signature] Luis M. Castillo 4/1/03 (305) 270-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

000396683173

Attachment

MIAMI GARDENS CHIROPRACTIC CENTER
#P94000072206
9380 S.W. 72nd Street Suite B-236
Miami, Florida 33173
(305) 270-8288

Division of Corporations
Uniform Business Report (UBR) Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

7/6/04

Re: 2004 Annual UBR Report
for Miami Gardens Chiropractic
Doc#: P94000072206

Dear Division of Corporations:

This letter is to certify that Miami Gardens Chiropractic Center is still functioning and that we do not wish it to be dissolved. In addition, enclosed please accept Ck# 2215 in amount of $150 — due as filing fee for 2004.

Please note, we did not receive as usual by mail our 2004 Uniform Business Annual Report form. We did not receive any other notice or notification other than a postcard of "Notice of Intent to Dissolve" (copy enclosed). Since we do our own bookkeeping, we have enclosed a copy of the 2003 UBR Form as well as our check (#2215) in satisfaction of your requirements for this year. No information has changed on our Annual Report since last year — officers, Directors, Registered Agent, Tax ID #..etc.. all remains the same.

Kindly accept our check and note that we have been timely with our Report & Fee over the years and that this has just been an error of coincidences. Should you need to clarify anything or need to speak with us, please call the above telephone number.

Thank you,

E. Russo, DC
Ellen Russo, DC

Luis M. Castillo, DC
Luis M. Castillo, DC