2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000008226**

City & State

1201 HAYS ST.

(See criteria on back)

TALLAHASSEE FL 32301

9. This corporation is eligible to satisfy its Intangible

GUGLIELMO, JERRY

2500 N.E. 15TH AVE.

2500 N.E. 15TH AVE.

HIRSCHENSON, ALAN

2500 N.E. 15TH AVE.

SINGER, CRAIG

WILTON MANOR FL 33305

WILTON MANOR FL 33305

WILTON MANOR FL 33305

Tax filing requirement and elects to do so.

Zip

SIGNATURE

11.

TITLE

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STREET ADDRESS

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STREET ADDRESS CITY-ST-7/P

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U.S.A. CHIROPRACTIC CENTER NORTH, INC.

Country

CORPORATION INFORMATION SERVICES INC.

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Principal Place of Business	Mailing Address	
2500 N.E. 15TH AVE. WILLION MANOR FL 33305	2500 N.E. 15TH AVE. WILTON MANOR FL 33305-1310	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITI E

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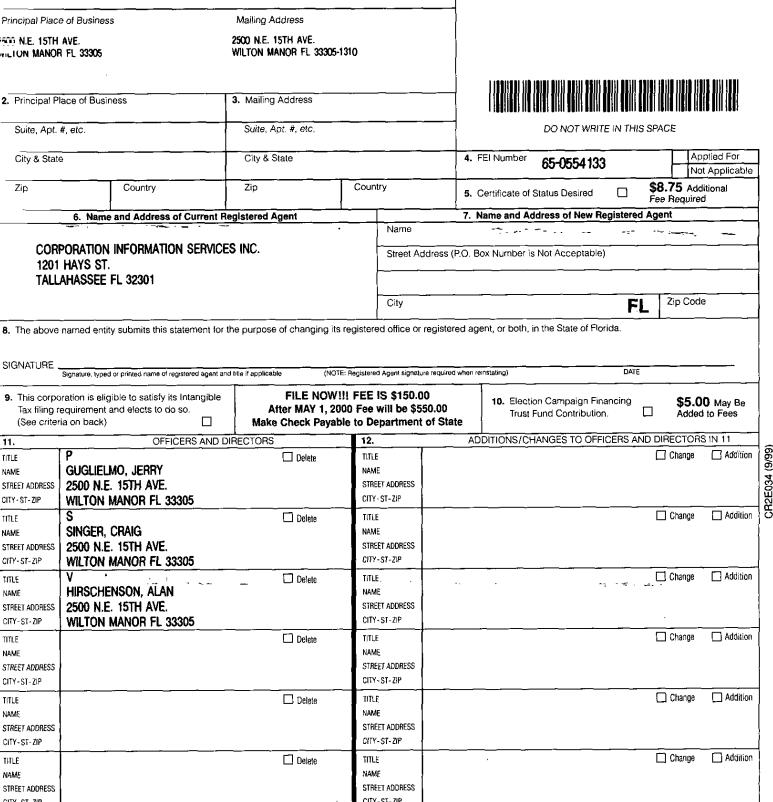
CITY-ST-ZIP

CITY-ST-ZIP

City

FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90082 027 ***150.00



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

STREET ADDRESS

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR