

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000008226**

1. Entity Name

**U.S.A. CHIROPRACTIC CENTER NORTH, INC.****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90056 049 \*\*\*150.00

Principal Place of Business 2500 N.E. 15TH AVE. WILTON MANOR FL 33305	Mailing Address 2500 N.E. 15TH AVE. WILTON MANOR FL 33305
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0554133</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>
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7. Name and Address of New Registered Agent	
Name <b>Universal Billing</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>18260 N.E. 19th Ave.</b>	
City <b>Smith 204</b>	
City <b>N. Miami</b>	FL Zip Code <b>33162</b>

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 <i>Jerry C. Guglielmo</i> Signature, typed or printed name of registered agent and title if applicable.	<i>Jerry C. Guglielmo</i> (NOTE: Registered Agent Signature required when reinstating)	<i>1/23/01</i> DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GUGLIELMO, JERRY</b> <b>2500 N.E. 15TH AVE.</b> <b>WILTON MANOR FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SINGER, CRAIG</b> <b>2500 N.E. 15TH AVE.</b> <b>WILTON MANOR FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HIRSCHENSON, ALAN</b> <b>2500 N.E. 15TH AVE.</b> <b>WILTON MANOR FL 33305</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <i>Jerry C. Guglielmo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>1/23/01</i> Date	<i>(305) 945-0606</i> Daytime Phone #
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CR2E034 (10/00)