2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000016331 DOCUMENT

1. Entity Name

DR. HARRISON R. PRATER, D.C., P.A.



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90126 033 ***150.00

7601 CONRO SUITE 204 ORLANDO FI		7601 Suite	Mailing Address 7601 CONROY-WINDMERE ROAD SUITE 204 ORLANDO FL 32835						
2. Principal Place of Business			3. Mailing Address) 1881/1881 (18 18/8) BY/// B8/// 88/// 88/// 88///		
Suite, Apt	t. #, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City	City & State			4.	59-3318203		Applied For
Zip Country		Zip	Zip Cour		ntry5		Certificate of Status Desired	\$8.75 Fee Reg	Additional
6. Name and Address of Current Registered Agent			ed Agent	· 7			. Name and Address of New Registered Agent		
					Name		Tame and Address of New Aegistered	4gent	
PRATER, HARRISON R							•		
	NROY WINDERMERE RD.					Street Address (P.O. Box Number is Not Acceptable)			
STE 204	WINDENWICHE AD.				_		· · · · · · · · · · · · · · · · · · ·		
ORLANDO FL 32835					City	FL			Code
8. The above the obliga	e named entity submits this stations of registered agent.	atement for the purp	ose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Florida. I am	amiliar w	ith, and accept
SIGNATURE Signature, typed or printed/name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
			Cable. (NOTE	Hegistered	Agent signature requ	uired when n	einstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							9. Election Campaign Financing Trust Fund Contribution.		.00 May Be
Make Check Payable to Florida Department of State							indst Pana Contribution.	J Adi	ded to Fees
10.	OFFIC	ERS AND DIRECTOR	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTO	OBS IN 11
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12. I hereby certify that the information supplied with this filling 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: