

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90995 030 ***150.00

0032008 41N

DOCUMENT #

P95000030332

1. Entity Name

ACCIDENT CARE CHIROPRACTIC, INC.

Principal Place of Business

13111 ATLANTIC BLVD

1

JACKSONVILLE FL 32225

Mailing Address

13111 ATLANTIC BLVD

1

JACKSONVILLE FL 32225

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

59-3320209

Applied For

Not Applicable

5. Certificate of Status Desired

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.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREIBLE, DEAN MBA

2404 ROGERO ROAD

JACKSONVILLE FL 32211

Name

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

City

FL

Zip Code

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

PD

PARENIO, RALPH G D.C.

1301-27 MONUMENT RD.

JAXSONVILLE FL 32225

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13111-1 ATLANTIC BLVD

JACKSONVILLE FL 32225

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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]

4-25-01

904 220 3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #