2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P95000035463 **DOCUMENT #**

Principal Place of Business

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS CUTY-ST-7IP

ADVANCED NECK & BACK PAIN CENTER, INC.



05-01-2003 90139 021 ***150.00

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

1138 HARRISON AVENUE PANAMA CITY FL 32401 2. Principal Place of Business		1138 HARRISON AVENUE PANAMA CITY FL 32401								
		3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State	City & State			59-3317334 Applied F Not Applie			plied For t Applicable	1
Zip Country		Zip	Zip Coun		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
	7. Name and Address of New Registered Agent									
SLOAN, T	IMOTHY I			Name						
					Street Address (P.O. Box Number is Not Acceptable)					1
427 MCKENZIE AVENUE PANAMA CITY FL 32401				 						1
PANAMA	OHY FL 32401]
				City			FL	Zip Code)	1
	ions of registered agent. Signature, typed or printed name of registered a			ed Agent signature re		ent, or both, in the State of Florida.	ATE			
After	ILE NOW!!! FEÉ IS \$150.00 r May 1, 2003 Fee will be \$550. c Payable to Florida Departmen	.00	ate			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPP, ROBERT M 1138 HARRISON AVENUE PANAMA CITY FL 32401	□ 0	NAM STR	1] Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D	NAM STR				<u> </u>] Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ D	NAM STR	,	-] Change	Addition	

12. I hereby certify that the information supplied with his 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 encountering the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trusts changed, or on an attachment with a sed

CITY-ST-ZIP

TITLE

NAME

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NAME STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

☐ Delete

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Change

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