

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000038121

FILED
Apr 29, 2003
Secretary of State

Entity Name: LERNER FAMILY CHIROPRACTIC CENTRE, P.A.

Current Principal Place of Business:

700 W. VINE ST. STE#101
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

700 W. VINE ST. STE#101
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3321427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, BEN
1522 N. BERMUDA AVE.
KISSIMMEE, FL 34741

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LERNER, BEN
Address: 700 W. VINE ST. STE#101
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN LERNER

P

04/29/2003

Electronic Signature of Signing Officer or Director

Date