

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055246

1. Entity Name

SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90154 021 ***550.00

Principal Place of Business

3977 JOG ROAD
GREENACRES CITY FL 33467
US

Mailing Address

3977 JOG ROAD
GREENACRES CITY FL 33467
US

2. Principal Place of Business

3850 Lake Worth Rd.

Suite, Apt. #, etc.

Suite #2

City & State

Lake Worth

Zip

33461

Country

USA

3. Mailing Address

3850 Lake Worth Rd.

Suite, Apt. #, etc.

Suite #2

City & State

Lake Worth

Zip

33461

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0603772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'AMICO, JOHN A
3977 JOG RD
SUITE 1050
GREENACRES CITY FL 33467

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
D'AMICO, JOHN
7200 NW 2 AVE 109
BOCA RATON FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
BANUCHI, ROBERT
9342 KETAY CIR
BOCA RATON FL 33428

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. J.A. D'Amico

7/25/00

Date

561-966-1775

Daytime Phone #

CR2E034 (5/00)