

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90063 047 \*\*\*150.00

**DOCUMENT # P95000055246**

1. Entity Name  
**SOUTHEAST CENTER OF CHIROPRACTIC MEDICINE, INC.**



Principal Place of Business  
**3850 LAKE WORTH RD  
SUITE 2  
LAKE WORTH FL 33461  
US**

Mailing Address  
**3850 LAKE WORTH RD  
SUITE 2  
LAKE WORTH FL 33461  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0603772**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **D'Amico, John A.**

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

**3850 Lake Worth Rd Suite 2**

City **Lake Worth**

**FL**

Zip Code **33461**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when registration)

DATE

**1/15/03**

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

TITLE ☐ Change ☐ Addition  
NAME **D'Amico, John**  
STREET ADDRESS **120 Sycamore Dr.**  
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/03**

Date

**561-966-1775**

Daytime Phone #

CR2E034 (10/02)