

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91501 026 ***150.00

DOCUMENT # P95000093039

1. Entity Name

EMMANUEL JUNARD, D.C., P.A.



DO NOT WRITE IN THIS SPACE

10089300

2. Principal Place of Business
18921 N.W. 2ND AVE
Suite, Apt. #, etc. B

3. Mailing Address
18921 NW 2ND AVENUE
Suite, Apt. #, etc. B

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL

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4. FEI Number 65-0637381
Applied For Not Applicable

Zip 33169 Country

Zip 33169 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name EMMANUEL JUNARD
Street Address (P.O. Box Number is Not Acceptable)
18921 NW. 2ND AVE. SUITE B
City MIAM FL Zip Code 33169

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DR. EMMANUEL JUNARD 18921 NW 2ND AVE. SUITE B MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with another like empowered.

SIGNATURE: Emmanuel O. Junard, D.C., N.M.D. EMMANUEL O. JUNARD
Date: 4/25/03 Daytime Phone #: 305-770-0607

CR2E034B (12/02)