

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000031294**1. Entity Name
CHIRO PLUS CLINIC, P.A.

Principal Place of Business	Mailing Address
725 NO A1A SUITE A-105 JUPITER 33477 US	P.O. BOX 18651 W. PALM BEACH 33416 US

2. Principal Place of Business
2669 FOREST HILL BLVD.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 107

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State

Zip
33406Country
US

Zip

Country

4. FEI Number
65-0666068Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**VIDAL OM
168 HEMMING WAYBOYNTON BEACH
33426

FL

Name
VIDAL OCTAVIO MDRStreet Address (P.O. Box Number is Not Acceptable)
7757 COLONY LAKE DRIVECity
BOYNTON BEACH

FL

Zip Code
33436

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 **OCTAVIO MICHAEL VIDAL.****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	VIDAL O M	
STREET ADDRESS	168 HEMMING WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIDAL OCTAVIO M	
STREET ADDRESS	7757 COLONY LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Octavio Michael Vidal

Pres

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)