

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

0132372 AT

DOCUMENT # P96000031294

1. Entity Name
CHIRO PLUS CLINIC, P.A.



Principal Place of Business
**2624 FOREST HILL BLVD.
WEST PALM BEACH FL 33406
US**

Mailing Address
**P.O. BOX 18651
W. PALM BEACH FL 33416
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0666068**

Applied For

Not Applicable

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

**VIDAL, OCTAVIO M DR
7757 COLONY LAKE DRIVE
BOYNTON BEACH FL 33436**

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DR
VIDAL, OCTAVIO M
7757 COLONY LAKE DRIVE
BOYNTON BEACH FL 33436** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-2003 (561)6419440

CR2E034 (4/03)

attachment

10111245

#P96000031294

CHIRO PLUS CLINIC INC.

Dr. O. Michael Vidal
Chiropractic Physician

September 2, 2003

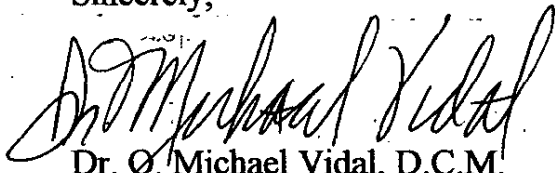
DIVISION OF CORPORATIONS
Corporate Records Bureau
P. O. BOX 6327
Tallahassee, FL 32314

REF : 2003 UBR Filing
Chiro Plus Clinic, P.A.
FEI Number : 65-0666068

The present is to inform you that the above Corporation did not received the prior notice for the filing of the 2003 UBR, and to request the late fee to be waived. Since this is the first notice we received, enclosed is the payment of \$150.00 for the original filing fee.

Thank you, ahead of time for your cooperation.

Sincerely,



Dr. O. Michael Vidal, D.C.M.
President