

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048766

1. Entity Name  
LAKE WORTH NON-SURGICAL SPINAL CARE CLINIC, INC.

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90003 005 \*\*\*150.00

Principal Place of Business  
2311 TENTH AVE. NORTH  
LAKE WORTH FL 33461

Mailing Address  
2311 TENTH AVE. NORTH  
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0762485

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

RUSSO, ANTHONY J JR  
400 SE 8TH ST.  
FT. LAUDERDALE FL 33316

Name  
JOHN PASSARIELLO CPA

Street Address (P.O. Box Number is Not Acceptable)  
6466 NW 5 WAY

City  
FORT LAUDERDALE FL Zip Code 33309

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SAL PELLEGRINO  
6466 NW 5TH WAY  
FT LAUDERDALE FL 33309 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

7/17/00

Date

954 396 9923

Daytime Phone #

CR2E034 (5/00)

Attachment  
P97000048766

Passariello & Staiano

Dec 7 6 172

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

*from the desk of*  
**John Passariello**

July 27, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Taxpayer Name: Lake Worth Non-Surgical Spinal Care Clinic, Inc.  
Document Number: P97000048766  
Tax Form: Uniform Business Report  
Tax Period: 2000

Gentlemen,

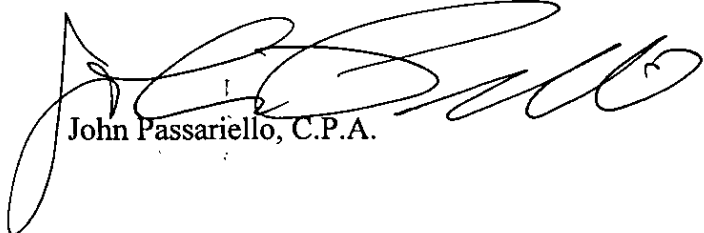
We are writing as the accountants for the above referenced taxpayer.

Enclosed please find the 2000 Uniform Business Report for the above referenced taxpayer with a check in the amount of \$150.00. The taxpayer had not received the original Uniform Business Report which was due and payable by May 1, 2000. Please accept their fee in the amount of \$150.00 as they had filed their Annual Reports on a timely basis since they incorporated.

If you have any questions, please feel free to call us between the hours of 9 a.m. and 5 p.m. Monday through Friday at (954) 776-1444.

Sincerely,

PASSARIELLO & STAIANO, C.P.A.

  
John Passariello, C.P.A.