2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000018721 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity N NICORE	CLINICS,	INC.						03-17-	2003 9063	8 001 ***450	0.00
Principal Place of Business 4897 W WATERS AVE STE J TAMPA FL 33634			4897 V Ste j	Mailing Address 4897 W WATERS AVE STE J TAMPA FL 33634] (38 1)4 3 1 (1 8 12) 3 1 (31)	* * * * * * * * * * * * * * * * * * * 	28/8 1 (1 98 1) 70() 1000	B MABE HADA TERA
2. Principa	l Place of Busin	ness	3. Maili	ing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			·	4. FEI Number 59-3500277				Applied For
Zip		Country	Zip		Coun	try	5. Ce	ertificate of Status De		¢0.75 .	Not Applicable
	6. Name	and Address of Curren	t Registered	Agent			7 No	me and Address of	Men Decists		ieu
						Name	/ Na	me and Address of	ivew Registe	rea Agent	
LARARRE	ERA, GIGI					1,40,710					
LABARBERA, GIGI 4897 W WATERS AVE STE J					!	Street Addres	ss (P.O. Box	Number is Not Acc	eptable)		
TAMPA F	L 33634										
						City				FL Zip Co	de
8. The abov	e named entity	submits this statement	or the nurse	se of changing its	registers	d office or regis	stored egent	t or both in the Ct-	(E) ()		
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(Signature, typed o	or printed name of registered agen	it and title if applic	able. (NOTE	: Hegistered			esting)		ATE	
						Agent signature requ	lireo when reinst	ating)	U.	AIE	
_ ~	FILE NOW!!!	FEE IS \$150.00				Agent signature requ	Jireo when reinst				
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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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

Construction of 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

SIGNATURE:

Daytime Phone #