2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000028203 **DOCUMENT #**

1. Entity Name

FULTON FAMILY CHIROPRACTIC CENTER, P.A.

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

08-28-2003 90068 011 ***550.00

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FULTON, CHARLES L 839 CORPORATE CT. SUITE A FORT MYERS FL 33919 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. THE PULTON, CHARLES L D.C. 6309 CORPORATE CT. SUITE A FORT MYERS FL 33919 THE NAME FULTON, WENDY SIRET ADDRESS CITY ST-2P FULTON, WENDY SIRET ADDRESS CITY ST-2P THE NAME SIRET ADDRESS		6. Name and	Address of Current Re	gistered Ag	ent			7. 1	Name and Address of New Regi	stered Agei	nt		
Site of Accress (P.O.) Box Number is Not Acceptable) City FL Zip Code					· · · ·		Name		-			ŀ	
B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signuture Price							Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature included agent and stell representations of registered agent and stell representation. INDITE Registered Agent signature required where releasingly Indited		ERS FL 33919							•				
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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 cath; 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.