

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90881 034 \*\*\*150.00

DOCUMENT # P98000075867

1. Entity Name

SABAL PALM CHIROPRACTIC AND INJURY CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3440 Hollywood Blvd.

3. Mailing Address

3440 Hollywood Blvd

Suite, Apt. #, etc.

360

Suite, Apt. #, etc.

360

City & State  
Hollywood, FLCity & State  
Hollywood, FLZip  
33021

Country

USA

Zip

33021

Country

USA

4. FEI Number 65-0862181

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Mark E. Rousso, Esq.

Street Address (P.O. Box Number is Not Acceptable)

3440 Hollywood Blvd, Ste 360

City Hollywood

FL

Zip Code 33021

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) ☐

January 1st 2002 Fee \$150.00

May 1st 2002 Fee \$350.00

Amended UBR \$61.25

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

TITLE NAME	D-V P S T & D MARC K. WEINBERG
STREET ADDRESS	3440 HOLLYWOOD BLVD, STE 360
CITY-ST-ZIP	HOLLYWOOD, FL 33021

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 954 322 4280

Date

Daytime Phone #

CR2E034B (12/01)