2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085547

1. Entity Name

CHIROPRACTIC ARTS CENTER, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90072 033 ***158.75

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Principal Place of Business Mailing Addre 3413 S. KINGS AVENUE #100 3413 S. KING				g Address B S. KINGS AVENUE									
	L 33511 - ···			NDON FL 33511							•		
						and the	-						
2. Principal P	Place of Busine	ess	3. Mai	ling Address					ia izia i i a ii iai ii	<u> </u>	18/8/ 8//8/ 8//	i 81811 i 801 i 801	
DELMONACHE, BLAISE M				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State				4. FEI Number 59-3536090			0		pplied For ot Applicable	
Zip	Country			Zip Coun			5. Certificate of Status Desired				\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent							7.	Name and Ad	dress of New I	Registered A	Agent		
			٠ .			Name		per -	•		,		
DELMONACHE, BLAISE M 3413 S. KINGS AVENUE #100						Street Address (P.O. Box Number is Not Acceptable)							
BRANDON FL 33511							٠.						
The above named entity submits this statement for the purpose of changing its relationship.						City				FL	<u> </u>		
	tions of registe		or the purp	ose of changing its	registered	d office or	registered ag			orida. I am t	amiliar with,	and accept	
SIGNATURE .		printed name of registered agen	and title if app	olicable. (NOTE	: Registered	Agent signatu	re required when re		10-03	DATE			
	31 & NOWALL	FFF 10 0450 00					·	1					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									n Campaign Fi und Contributio			00 May Be d to Fees	
10.		OFFICERS AND		De	11.		۸۲	DDITIONS/CHA	NICES TO OF	EICEDS AND	DIRECTOR	IC IN 11	
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NAME	DEL MONACHE, BLAISE M			☐ Detete		IAME					Onlange	L Addition	
STREET ADDRESS 3413 S. KINGS AVE #100					STREET	STREET ADDRESS							
CITY-ST-ZIP	BRANDON	FL 33511-7780				CITY-ST-ZIP							
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NAME		ACHE, BLAISE M											
STREET ADDRESS	0110 01111100 1112 # 100					ADDRESS							
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STREET ADDRESS						ADDRESS							
CITY-ST-ZIP	:				CITY-S	- 1							
12 I hereby o	certify that the i	information supplied wit	h this filing	does not qualify for	the exem	ntion state	ed in Section	119 07(3)(i) El	orida Statutes	I further cert	ify that the i	nformation	

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

3-10-03

813-684-848

Daytime Phone i

CR2E034 (10/02)