2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P98000094899 ROSSI CHIROPRACTIC CENTERS, INC. 04-25-2000 90102 008 ***150.00 Mailing Address Principal Place of Business 2700 NO. STATE RD.7 2700 NO. STATE RD.7 MARGATE FL 33063 MARGATE FL 33063-5726 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0875343 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSSI, ARMAND M Street Address (P.O. Box Number is Not Acceptable) 2700 NO. STATE RD.7 MARGATE FL 33063 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME ROSSI, ARMAND M STREET ADDRESS STREET ADDRESS 1299 SW 4TH ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Addition Change TITLE STD ☐ Delete TITLE NAME NAME ROSSI, ARMAND STREET ADDRESS STREET ADDRESS 1299 SW 4TH ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ---- Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-N

(954) 971-6800

Daytime Phone #