FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 24 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001508

1. Entity Name
VANESSA L. KOUTALIDIS, P.A.

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2. Principal Place of Business		3. Mailing Address	
Correct Care		VANESSA L. KOUTALIDIS	
Suite, Apt. #, etc. 9770 W. SAMPLE ROAD		Suite, Apt. #, etc. 2001 NE 52 Street	
City & State CORAL SPRINGS, FL ~~33065~~		City & State FT. LAUDERDALE FL	
Zip 33065	Country U.S.A.	Zip 33308	Country U.S.A.

4. FEI Number 65-0885287 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Steven Fischer

Street Address (P.O. Box Number is Not Acceptable): 300 SOUTH PINE ISLAND ROAD

Suite 110

City: PLANTATION FL Zip Code: 33324

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 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $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	P	TITLE	
NAME	VANESSA L. KOUTALIDIS	NAME	
STREET ADDRESS	2001 NE 52 Street	STREET ADDRESS	
CITY-ST-ZIP	Ft. LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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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: Vanessa L. Koutalidis 10-21-02 (954) 224-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORRECT CARE
CHIROPRACTIC

Paul G. Grillo, D.C.
Chiropractic Physician

9770 West Sample Road, Coral Springs, Florida 33065 (954) 753-3992

October 21, 2002.

To Whom it May Concern,

At the end of 2001, I had a change of location for my business, and consequently underwent the task of changing my mailing address. My old address that my P.A. was registered at was 4711-A N. Dixie Hwy, Ft. Laudendale, FLA, 33334. During this transition, I never received my Uniform Business Report form since I believe it was sent to my old location. Somehow, I also thought that my accountant took care of all filings. I hadn't realized that my corporation became inactive until last week when I was applying for an occupational license. I was both surprised and disappointed when I discovered why.

I am writing this as an appeal to reactivate my corporation and for you to please waive the late charge. This has never happened before and I promise that I will diligently never let it happen again. I thank you for this consideration. If questions, please call me at (954) 224-1060.

Sincerely,

Dr. Vanessa Koutalidis