

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90091 035 ***150.00

DOCUMENT # P99000020124

1. Entity Name

INTRACOASTAL CHIROPRACTIC CLINIC, P.A.



Principal Place of Business

**14185 BEACH BOULEVARD
SUITE 9
JACKSONVILLE FL 32250**

Mailing Address

**14185 BEACH BOULEVARD
SUITE 9
JACKSONVILLE FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14255 Beach Blvd #A

Suite, Apt. #, etc.

14255 Beach Blvd #A

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32250

Country

US

Zip

32250

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3560061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVINCENTIS, ROBERT

14185 BEACH BOULEVARD

SUITE 9

JACKSONVILLE FL 32250

Name

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

14255 Beach Blvd #A

City

JACKSONVILLE

FL

Zip Code

32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **DEVINCENTIS, ROBERT**
STREET ADDRESS **14185 BEACH BLVD #9**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☒ Change ☐ Addition
NAME **14255 Beach Blvd #A**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/03

CR2E034 (10/02)