FILED

Jul 16, 2002 8:00 am

**Secrétary of State** 

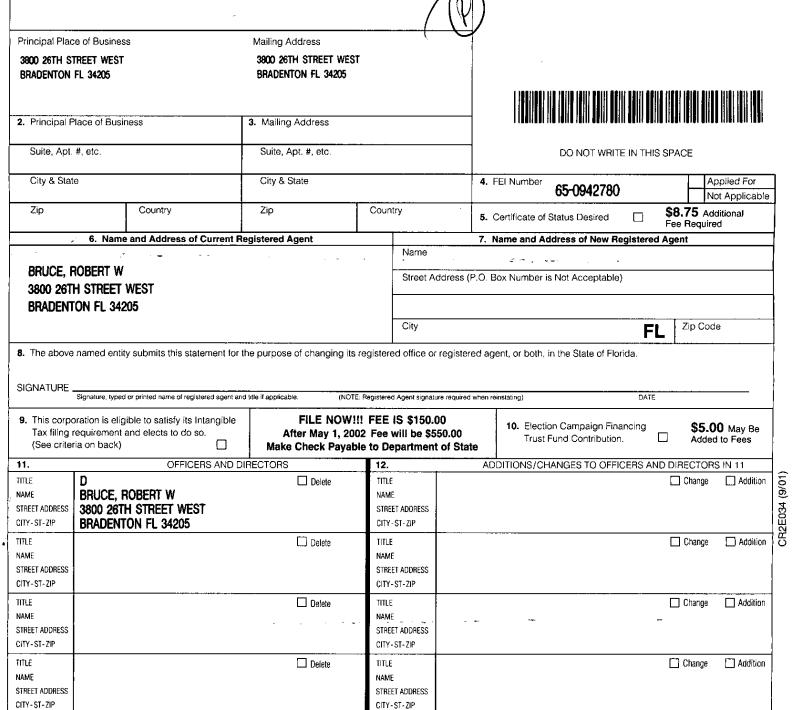
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## 2002 UNIFORM BUSINESS REPORT (UBR)

## P99000028538 DOCUMENT #

1. Entity Name

CHIROPRACTIC AND REHABILITATION ASSOCIATES, P.A.



13. I hereby certify that the information supplied with this filling 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNAT RIVING NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF

☐ Delete

☐ Delete

Daytime Phone

☐ Change

☐ Change

☐ Addition

☐ Addition