

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90383 017 ***150.00

DOCUMENT # P99000074885

1. Entity Name

PEAC SPINAL CLINIC, INC.

Principal Place of Business

Mailing Address

720 NORTH VILLAGE DR., #104
ST.ETERSBURG FL 33716**720 NORTH VILLAGE DR., #104**
ST.ETERSBURG FL 33716-3106

2. Principal Place of Business

3. Mailing Address

1801 U.S Highway 19**1801 U.S Highway 19**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday, FL.

City & State

Holiday, FL.

Zip

34691

Country

USA

Zip

34691

Country

USA

4. FEI Number

59-3603623

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

PHILLIPS, E.V. JR.
11708 NORTH HWY 301
THONOTOSASSA FL 33592

Name

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

City

FL

Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PHILLIPS, ERCE V III, DR.**
STREET ADDRESS **720 NORTH VILLAGE DR., #103**
CITY-ST-ZIP **ST.ETERSBURG FL 33716**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-14 (9/99)