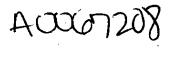
2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 13, 2000 8:00 am Secretary of State DOCUMENT # P9900078296 1. Entity Name FRIEDMAN CHIROPRACTIC CENTER, PA 07-13-2000 90012 043 ***150.00 Principal Place of Business Mailing Address 8510 WEST FLAGLER STREET 8510 WEST FLAGLER STREET MIAMI FL 33144 MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business 8510 west 8510 west Flugler DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREEDMAN, DAVID H ESQ. Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. SUITE 616 NORTH MIAMI FL 33181 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITI F Change ☐ Addition TITLE Delete FRIEDMAN, GARRY DR. NAME NAME STREET ADDRESS 8510 WEST FLAGLER STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered 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 SIGNATURE:

P99000078296





Friedman Chiropractic Center

8510 W. FLAGLER STREET • MIAMI, FLORIDA 33144 • PHONE (305) 227-1742 • FAX: (305) 227-2595

Member of FCA Member of ICA Dr. Garry L. Friedman

July 5, 2000

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, Fl. 32302-1500

RE : 2000 UBR

Doc#: P99000078296

To whom it may concern:

I was just informed that a filing fee for \$150.00 was due in May and that a notice was sent. I never received this notice and was unaware that this fee was due, at that time I had a disgruntled employee who was throwing away the mail. I would like to abate the \$400.00 late fee that I am being charged. Had I known that this was due, I would with no doubt had paid the first time I received this notice.

Please take this into consideration. Your attention to this matter is greatly appreciated.

Sincerely

Dr. Garry I Friedman

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