

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90006 003 ***158.75

DOCUMENT # P 99 000106550

1. Entity Name

Tricity Health and Rehab PA DBA Broward Chiropractic

Principal Place of Business

Mailing Address

4959 Coconut Creek Parkway
 Coconut Creek FL 33063

2. Principal Place of Business

4959 Coconut Creek Parkway
 Suite, Apt. #, etc.

3. Mailing Address

4959 Coconut Creek Parkway
 Suite, Apt. #, etc.

00067638

DO NOT WRITE IN THIS SPACE

City & State Coconut Creek FL		City & State Coconut Creek FL		4. FEI Number 65-0967886	Applied For Not Applicable
Zip FL 33063	Country Broward	Zip 33063	Country Broward	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent David B Broward D.C. 4959 Coconut Creek Parkway Coconut Creek FL 33063		7. Name and Address of New Registered Agent Name David B Broward D.C. Street Address (P.O. Box Number is Not Acceptable) 4959 Coconut Creek Parkway City Coconut Creek FL Zip Code 33063	
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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 State

10. 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P/V/P/T/D/C/M
STREET ADDRESS		STREET ADDRESS	David B Broward D.C.
ST-ZIP		CITY-ST-ZIP	4959 Coconut Creek Parkway Coconut Creek FL 33063
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Kelly Broward
STREET ADDRESS		STREET ADDRESS	4959 Coconut Creek Parkway
ST-ZIP		CITY-ST-ZIP	Coconut Creek FL 33063
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

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: David B Broward D.C. 6-23-00 954-975-0304
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
D# P90 000106550
DW67688

MINDY R. KRAUT
ATTORNEY-AT-LAW

Suite # 119
6635 West Commercial Blvd.,
Tamarac, Florida 33319

Telephone
(954) 916-0000
Fax
(954) 597-0089

June 29, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Tri City Health and Rehab, P.A.
P99000106550


Dear Sir/Madam:

Enclosed herein please find an original completed 200 UBR along with Browand Chiropractic Center's check number 1096 made payable to Department of State in the amount of \$158.75 representing payment in full of filing fee and certificate reflecting status. It appears that since the above corporation did not come into existence until December 9, 1999, no UBR had been issued.

Please send the certificate to my office.

Thank you for your prompt attention to and compliance with this request.

Very truly yours,


MINDY R. KRAUT, ESQUIRE

MRK:ms

enc.

cc: Dr. David Browand