2000 UNIFORM BUSINESS REPORT (UBR)

6/27/00

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06-05-2000 90017 015 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 27 PM 2:41

1. Entity Name

Care Chiropractic & Wellness Center, Inc.

Principal Place of Business	Mailing Address
2104 W. New Haven Ave.	SAME
West Melbourne, Fl 32904	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2104 W. New Haven Ave.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Melbourne, FL	City & State
Zip: 32904 Country: USA	Zip / Country

4. FEI Number: 59-3615622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Brian P. Walsh, D.C.
2104 W. New Haven Avenue
West Melbourne, FL 32904

7. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Director ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	Brian P. Walsh	NAME	
STREET ADDRESS	2104 W. New Haven Ave.	STREET ADDRESS	
CITY-ST-ZIP	West Melbourne, FL 32904	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME		NAME	Ann M. Walsh
STREET ADDRESS		STREET ADDRESS	2104 W. New Haven Ave.
CITY-ST-ZIP		CITY-ST-ZIP	West Melbourne, FL 32904
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	DB 6/27
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Brian P. Walsh D.C. Brian P. Walsh, D.C. 4/25/00 321-728-1387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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