2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90080 020 ***150.00

DOCUMENT # S14967

1. Entity Name
HILL CHIROPRACTIC CLINIC, INC.

Principal Place of Business	Mailing Address
8806 STATE RD 52 HUDSON FL 34667 US	8806 STATE RD 52 HUDSON FL 34667 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11045 Spring Hill Dr.	11045 Spring Hill Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL	City & State: Spring Hill, FL
Zip: 34608 Country: US	Zip: 34608 Country: US

4. FEI Number 59-3035748 ☐ 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
HILL, JOHNNY G. D.C. 8806 STATE RD 52 HUDSON FL 34667	Name: Hill, Johnny G., D.C. Street Address (P.O. Box Number is Not Acceptable): 11045 Spring Hill Dr. City: Spring Hill FL Zip Code: 34608

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 Johnny G. Hill, DC President ✓ [signature] DC 2/27/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HILL, JOHNNY G., D.C. 8806 STATE RD 52 HUDSON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11045 Spring Hill Dr Spring Hill, FL 34608	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HILL, JOYCE P 8806 STATE RD 52 HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11045 Spring Hill Dr. Spring Hill, FL 34608	☒ Change ☐ Addition
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CR2E034 (10/00)

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: ✓ Dr. Joyce P. Hill, VP Dr. Joyce P. Hill, VP 2/27/01 352/686-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #