2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91191 048 ***150.00

DOCUMENT # S14967

1. Entity Name
HILL CHIROPRACTIC CLINIC, INC.

Principal Place of Business	Mailing Address
11045 SPRING HILL DR SPRING HILL FL 34608 US	11045 SPRING HILL DR SPRING HILL FL 34608 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5359 Spring Hill Dr.	5359 Spring Hill Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL	City & State: Spring Hill, FL
Zip: 34606 Country: USA	Zip: 34606 Country: USA

4. FEI Number: 59-3035748 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, JOHNNY G. D.C.
11045 SPRING HILL DR
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name: Hill, Johnny G., D.C.
Street Address (P.O. Box Number is Not Acceptable): 5359 Spring Hill Dr.
City: Spring Hill FL Zip Code: 34606

The [illegible] hereby authorizes the [illegible] of changing its registered office or registered agent, or both, [illegible]

Name and Title: Johnny G. Hill, D.C. President ✓ (NOTE: Registered Agent signature required if changing) Date: 3-22-02

9. [illegible] **FILE NOW!!! FEE IS $150.00**
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. [illegible] ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

ADDRESS	PST HILL, JOHNNY G., D.C. 11045 SPRING HILL DR SPRING HILL FL 34608	☐ Delete
ADDRESS ST-ZIP	VP HILL, JOYCE P 11045 SPRING HILL DR SPRING HILL FL 34608	☐ Delete
		☐ Delete
ADDRESS ST-ZIP		☐ Delete
ADDRESS ST-ZIP		☐ Delete
ADDRESS ST-ZIP		☐ Delete

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5359 Spring Hill Dr. Spring Hill, FL 34606	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/01)

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 [illegible] Dr Joyce P. Hill 3-22-02 (352) 686-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #