

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90209 008 ***150.00

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DOCUMENT # S14967

1. Entity Name

HILL CHIROPRACTIC CLINIC, INC.



Principal Place of Business

5359 SPRING HILL DR
SPRING HILL FL 34606
US

Mailing Address

5359 SPRING HILL DR
SPRING HILL FL 34606
US

2. Principal Place of Business

5358 Spring Hill Dr.
Suite, Apt. #, etc.

3. Mailing Address

5358 Spring Hill Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Spring Hill, FL
Zip 34608 Country USA

City & State

Spring Hill, FL
Zip 34608 Country USA

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

HILL, JOHNNY G. D.C.
5359 SPRING HILL DR
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5358 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Johnny G. Hill D.C.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME HILL, JOHNNY G., D.C.
STREET ADDRESS 5359 SPRING HILL DR
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

TITLE VP
NAME HILL, JOYCE P
STREET ADDRESS 5359 SPRING HILL DR
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5358 Spring Hill Dr.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 5358 Spring Hill Dr.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny G. Hill D.C. **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03 (352) 686-8230

Date

Daytime Phone #

CR2E034 (10/02)