2001 UNIFORM BUSINESS REPORT UBR)

Mailing Address

DOCUMENT # **S30099**

1. Entity Name

Principal Place of Business

PEMBROKE COMMONS CHIROPRACTIC CENTER, P.A.

changed, or on an attachment with an address, with all other like empowered.

305 SW 7 TERR. Gainesville fl 32601 US		3021 NW 10TH PLACE GAINESVILLE FL 32605 US							
2. Principal Place of Business. Suite, Apt. #, etc. City & State		Suite, Apt. #. etc.							
					DO NOT WRITE IN THIS SPACE				
					4. FEI Number 65-0258014			Applied For Not Applicable	
Country	Zip	Cou	ntry	5. C	Certificate of Status Desired	□ \$	8.75 Add	litional	
6. Name and Address of Curre	nt Registered Agent			7. N	lame and Address of New Re			-	
SCHWARTZ, ROBERT M. ESQUIRE 102 N. SWINTONAME 5355 TOWN CENTER ROAD, SUITE 301 DEL RAY BEACH FL 33444			Name Street Address (P.O. Box Number is Not Acceptable)			i			
			City			[mm]	Zip Code		
						rida. DATE			
Tax filing requirement and elects to do so. After MAY			1, 2001 Fee will be \$550.00				\$5.0 Added	0 May Be I to Fees	
	ND DIRECTORS	12	:. · · · · · · · · · · · · · · · · · · ·	AD	DITIONS/CHANGES TO OFFI	CERS AND E	DIRECTOR	3 IN 11	
GORDON, JEFFREY S. 8021 NW 10TH PLACE GAINESVILLE FL 32605	□ Di	NA ST	ME REET ADDRESS			[Change	Addition	
	□ D	NA ST	ME REET AODRESS				☐ Change	Addition	
	□ D	N# ST	ME REET ADDRESS				Change	Addition	
	□ o	N/ ST	ME REE ADDRESS				☐ Change	Addition	
	□ o	N/ ST	ME. REEL ADDRESS				Change	Addition	
	□ D	N/ ST	mme Tree Address				☐ Change	Addition	
	Country 6. Name and Address of Curre ARTZ, ROBERT M. ESQUIRE SWINTONAME OWN CENTER ROAD, SUITE AY BEACH FL 33444 amed entity submits this statement gnature, typed or printed name of registered against in seligible to satisfy its Intangiquirement and elects to do so, on back) OFFICERS ALD GORDON, JEFFREY S. BO21 NW 10TH PLACE	City & State Country City & State Country City & State Country ARTZ, ROBERT M. ESQUIRE SWINTONAME OWN CENTER ROAD, SUITE 301 AY BEACH FL 33444 Amed entity submits this statement for the purpose of characteristic seligible to satisfy its Intangible quirement and elects to do so. OFFICERS AND DIRECTORS CORDON, JEFFREY S. SOCROON, JEFREY S. SOCROON, JEFFREY S. SOCROON, JEFFREY S. SOCROON, JEFFREY S	Country Zip Cou 6. Name and Address of Current Registered Agent ARTZ, ROBERT M. ESQUIRE SWINTONAME OWN CENTER ROAD, SUITE 301 Y BEACH FL 33444 amed entity submits this statement for the purpose of changing its register than is eligible to satisfy its Intangible quirement and elects to do so. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OGRION, JEFFREY S. BO21 NW 10TH PLACE SAINESVILLE FL 32605 Delete Title No ST CI Delete Title Delete Title No ST CI Delete Title Delete Ti	Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name ARTZ, ROBERT M. ESQUIRE SWINTONAME OWN CENTER ROAD, SUITE 301 LY BEACH FL 33444 City amed entity submits this statement for the purpose of changing its registered office or reg pressure, typed or or mod name of registered agent and title if applicable. (NOTE: Registered Agent signature or pressure. The Now!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550. Make Check Payable to Department of OFFICERS AND DIRECTORS 12. THE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-T-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-T-ZIP Delete TITLE NAME STREET ADDRESS CITY-T-ZIP Delete TITLE NAME STREET ADDRESS CITY-T-ZIP Delete	Country Zip Country 5. C 6. Name and Address of Current Registered Agent Name ARTZ, ROBERT M. ESQUIRE SWINTONAME OWN CENTER ROAD, SUITE 301 Y BEACH FL 33444 City amed entity submits this statement for the purpose of changing its registered office or registered agent amed entity submits this statement for the purpose of changing its registered Agent agent agent amed entity submits this statement for the purpose of changing its registered office or registered agent amed entity submits this statement for the purpose of changing its registered Agent agent agent amed entity submits this statement for the purpose of changing its registered Agent agent agent agent agent and elected to do so. OR After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OGRODON, JEFFREY S. OGRODON, JEFFREY S. OGRODON, JEFFREY S. OBORDON, JEFFREY S. O	Suite, Apt. #, etc. City & State Country Zip Country Zip Country S. Certificate of Status Desired 65-0258014 7. Name and Address of New Re Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City City City City City City City The State of Floridation of registered agent and the fineproado. Place of registered agent and the fineproado. Place Now It is statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridation of ediplote to analysis is intangible purpose of changing its registered agent with the state of Floridation of ediplote to analysis is intangible and delects to do so. Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete This Delete This NAME SIREE ADDRESS CITY-51-2P Delete This SIREE ADDRESS CITY-51-2P Dele	Suite, Apt. #, ado. City & State City & State City & State City & State Country 5. Certificate of Status Desired \$,	Suite, Apt. 6. etc. Suite, Apt. 6. etc. Country Cip Country S. Certificate of Status Desired S8.75 Add Foo Required S8.75 Add Foo R	

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Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90026 032 ***150.00