

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90006 016 \*\*\*150.00

**DOCUMENT # S40450**

1. Entity Name  
**ARLINGTON CHIROPRACTIC CLINIC, INC.**

Principal Place of Business

**6919 MERRILL ROAD  
 JACKSONVILLE FL 32277  
 US**

Mailing Address

**6919 MERRILL ROAD  
 JACKSONVILLE FL 32277  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3064705**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, ANDREW  
 6919 MERRILL RD.  
 JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent

Name **VIPUL R. PATEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6919 MERRILL RD.**  
 City **JACKSONVILLE** FL Zip Code **32277**

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

**VIPUL R. PATEL**  
 (NOTE: Registered Agent signature required when reinstating)

**3/13/02**  
 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, 2002 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

TITLE	D	ROBERTS, ANDREW G DR	<input checked="" type="checkbox"/> Delete
NAME		6919 MERRILL ROAD	
STREET ADDRESS		JACKSONVILLE FL 32277	
CITY-ST-ZIP			
TITLE	D	ROBERTS, ROSELYN	<input checked="" type="checkbox"/> Delete
NAME		6919 MERRILL ROAD	
STREET ADDRESS		JACKSONVILLE FL 32277	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	VIPUL R. PATEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6919 MERRILL RD	
STREET ADDRESS		JACKSONVILLE, FL 32277	
CITY-ST-ZIP			
TITLE	V P	RASIKAL K. PATEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1523 CESERY TERRACE	
STREET ADDRESS		JACKSONVILLE, FL 32211	
CITY-ST-ZIP			
TITLE	S/T	NIRMALA R. PATEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1523 CESERY TERRACE	
STREET ADDRESS		JACKSONVILLE, FL 32211	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *[Signature]* **RASIKAL K. Patel** **3/13/02** **904-745-0501**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)