

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53434

1. Entity Name

MDM FAMILY CHIROPRACTIC AND TOTAL REHAB, P.A.

Principal Place of Business

1899 N. CONGRESS AVE.
SUITE #9
BOYNTON BCH. FL 33426

Mailing Address

1899 N. CONGRESS AVE.
SUITE #9
BOYNTON BCH. FL 33426-8215

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

65-0260898

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTE, DAVID R
1899-9 N CONGRESS AVE
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name Gloria M. Burns

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

7245 N.W. 54 Court

City Landers Hill

FL

Zip Code

33319

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]* (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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	DIROMA, MARK P	
STREET ADDRESS	5765 DESCATES CIR.	
CITY-ST-ZIP	BOYTON BCH. FL 33437	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOTE, DAVID R	
STREET ADDRESS	10531 ST. ANDREWS RD.	
CITY-ST-ZIP	BOYTON BCH. FL 33436	
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	<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
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90179 037 ***150.00

00000001



DO NOT WRITE IN THIS SPACE

CR2E034 1/9/99