

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90058 032 ***150.00

DOCUMENT # S68976

1. Entity Name
AMERICAN CHIROPRACTIC CENTER, INC.



Principal Place of Business
**621 N COVE BLVD.
PANAMA CITY FL 32401**

Mailing Address
**621 N COVE BLVD.
PANAMA CITY FL 32401**

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 **59-3085828**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARUS, DR. ROBERT STEPHENS
621 N COVE BLVD.
PANAMA CITY FL 32401**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

7/25/03
DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BARUS, ROBERT STEPHENS**
STREET ADDRESS **621 N COVE BLVD.**
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/03
Date

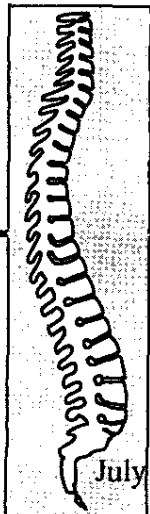
Daytime Phone #

CR2E034 (4/03)

Attachment #

86136469

568976



AMERICAN CHIROPRACTIC

621 N. Cove Blvd.
Panama City, Florida 32401
Tel: (850) 785-2663
(850) 874-2225
Fax: (850) 785-1954

July 21, 2003

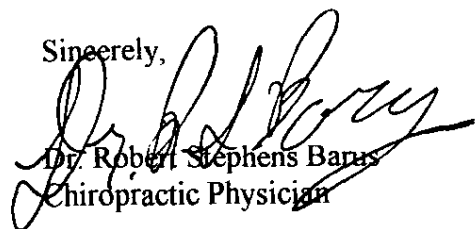
To Whom It May Concern:

This is the second year in a row that we have not received our first notice. As a matter of fact last week we received 2 pieces of mail that were dated April 9, 2003, (3 months late). We have always had mail problems.

We apologize that this is late, and hope that we receive our first notice next year on time.

Thank you for your cooperation in this matter.

Sincerely,


Dr. Robert Stephens Barus
Chiropractic Physician