

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85112

Entity Name

FAMILY CHIROPRACTIC CENTER, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90058 017 \*\*\*150.00

Principal Place of Business	Mailing Address
1716 W COLONIAL DR. ORLANDO FL 32804	1716 W COLONIAL DR. ORLANDO FL 32804-7010

Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0285987	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGER, MICHAEL S. 701 NORTHPOINT PARKWAY SUITE 330 WEST PALM BEACH FL 33407	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	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.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D ROSEN, GREGG M. 631 US HWY ONE STE 301 N PALM BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:	4/7/00	561-844-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)