FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85112

1. Entity Name
FAMILY CHIROPRACTIC CENTER, INC

FILED
03 SEP 19 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700023197737
09/19/03--01037--008 **300.00
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1716 W Colonial Drive Suite, Apt. #, etc.	1716 W. Colonial Drive Suite, Apt. #, etc.
City & State: Orlando FL	City & State: ORLANDO FL
Zip: 32804 Country: USA	Zip: 32804 Country: USA

4. FEI Number: 650285987 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Michael Singer
Street Address (P.O. Box Number is Not Acceptable): 249 Royal Palm Way 6th FLoor
City: Palm Beach FL Zip Code: 33480

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) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	Director
NAME	Rosen, Gregg M
STREET ADDRESS	631 US Highway One #205
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	REINSTATEMENT 02
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	TS

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CR2E034B (12/02)

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

SIGNATURE: _____ 7-15-03 (561) 734-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #