

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 048 ***150.00

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DOCUMENT # S97396

1. Entity Name
TOTAL HEALTH CHIROPRACTIC, INC.



Principal Place of Business
**811 NW 7TH STREET
BOCA RATON FL 33486**

Mailing Address
**811 NW 7TH STREET
BOCA RATON FL 33486**



2. Principal Place of Business
1499 Forest Hill Blvd.

3. Mailing Address
PO Box 16802

Suite, Apt. #, etc.
Suite 108

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33406

Country
USA

Zip
33416

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0299084

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRECKER, EDWARD M.
811 NW 7TH STREET
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name
Brecker, Edward M.

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

14801 99th St. North

City
West Palm Beach

FL

Zip Code
33412

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
BRECKER, EDWARD M.
STREET ADDRESS
811 NW 7TH ST
CITY-ST-ZIP
BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
Brecker, Edward M.
STREET ADDRESS
14801 99th St. North
CITY-ST-ZIP
West Palm Beach, FL 33412

TITLE
NAME
STREET ADDRESS
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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 all other like empowered.

SIGNATURE: **Edward M. Brecker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

561-993-1137
561-252-4299
Daytime Phone #

CR2E034 (10/02)