

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

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90102 017 \*\*\*158.75

DOCUMENT # V033000  
1. Entity Name  
August Chiropractic, Inc.

**DO NOT WRITE IN THIS SPACE**

**B0050434**

2. Principal Place of Business  
12603 N.E. 7th Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
12603 N.E. 7th Ave.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State North Miami FL City & State North Miami FL 4. FEI Number 65-0316801 Applied For  Not Applicable

Zip 33161 Country U.S. Zip 33161 Country U.S. 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name August, Craig B.  
Street Address (P.O. Box Number is Not Acceptable) 12603 N.E. 7th Ave.  
City North Miami FL Zip Code 33161

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>DR.</u> <u>August, Craig B. D.C.</u> <u>12603 N.E. 7th Ave.</u> <u>North Miami, FL 33161</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ 3/4/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)