

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V28240

FILED
Apr 28, 2003
Secretary of State

Entity Name: CHIROMED CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

P.O. BOX 152517
TAMPA, FL 33684

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 152517
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3127384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGELSDORF, JERRY
18120 LEAFWOOD CIRCLE
TAMPA, FL 33549 US

Name and Address of New Registered Agent:

BROWN, SUZIE
3807 LANDINGS WAY DRIVE
TAMPA, FL 33624 US

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: SUZIE BROWN

04/28/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, HARRY W.,
Address: 750 MORROW INDUSTRIAL BLVD.
City-St-Zip: JONESBORO, GA 30236

Title: S () Delete
Name: BROWN, NANCY,
Address: 750 MORROW INDUSTRIAL BLVD.
City-St-Zip: JONESBORO, GA 30236

Title: V (X) Delete
Name: MANGELSDORF, KENNETH J.
Address: 226 GREEN ISLAND RD
City-St-Zip: SAVANNAH, GA 31411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY W. BROWN

PD

04/28/2003

Electronic Signature of Signing Officer or Director

Date