

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90092 043 ***150.00

DOCUMENT # **V66161**

1. Entity Name
TOTALCARE CHIROPRACTIC VII, INC.



Principal Place of Business
**1024 NE 15TH AVE.
PRUDENTIAL PLAZA SUITE 106
FT. LAUDERDALE FL 33304
US**

Mailing Address
**1024 NE 15TH AVE.
PRUDENTIAL PLAZA SUITE 106
FT. LAUDERDALE FL 33304
US**

2. Principal Place of Business
2608 NE 16th AVE
Suite, Apt. #, etc.

3. Mailing Address
2608 NE 16th AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Wilton MANORS, FL
Zip
33334
Country
USA

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4. FEI Number **65-0382230**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOMASKY, TROY
1024 NE 15TH AVE
PRUDENTIAL PLAZA SUITE 106
FT LAUDERDALE FL 33304**

Address change only →

7. Name and Address of New Registered Agent

Name **LOMASKY, TROY**
Street Address (P.O. Box Number Not Acceptable)
2608 NE 16th AVE.
City **Wilton MANORS** FL Zip Code **33334**

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 _____

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 Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVPS			
	LOMASKY, TROY S			
	3790 COCOLAKE DRIVE			
	COCONUT CREEK FL			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-28-03** Daytime Phone # **407-413-3031**

CR2E034 (10/02)