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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

| 199 | 96 | No. | DI | VISION OF C | CORPORATIO | DNS | | | | |
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| DOCUME | | 69966 | | (2) | | | | | | |
| Corporation Nam THE NEWB | me Berry Clinic | OF CHIROPE | RACTIC, P | P.A. | | | | | | 1411 BLEIT 1.261 |
| | | | | | | | | | | |
| rincipal Place of Bu | Business | | Maling Addin | ess | | | 1 159/199 1116 61119 11110 19110 911 | | | |
| 1619 6th street se. Winter haven fl 33880 | | | 1619 6TH STREET SE. WINTER HAVEN FL 33880 | | | | | | | |
| MINTEN 1844 CH 14 | | | | | | | 3. Date Incorporated or Qualified | I | of Last Re | |
| | | | | | | | 03/08/1982 | 04 | 1/28/199 | |
| Principal Place o | of Business | | 2a. Mailing A | ddress | | | 4. FEI Number 59-2183602 | | | pplied For lot Applicable |
| Suite, Apt. #, etc | to | | Suite, An | it.#, etc. | | | 5. Certificate of Status Desired | | | Additional |
| | | 2 | City & St | | | | 6. Election Campaign Financing | | | Required May Be |
| Orty & State | | 2 | 28 | suc: | | | Trust Fund Contribution | | Added | to Fees |
| Zip | Countr | · | Zφ | | Country | ý | 8. This corporation has liability for Florida Statutes | or intang√ble ta es | ax under s | 199.032. |
| | 25 Name and Addre | | egistered Age | ent | 30 | | 10. Name and Address of New | | Agent | |
| | y, manie drie ziene | | <u> </u> | | 81 | Name | | | | |
| | HIP, RANDALL | | | | 82 | Street Addr | ress (P.O. Box Number is Not Accept | abie) | | |
| 170 CENTRAL AVE E. WINTER HAVEN FL 33880 | | | 8 | | <u> </u> | | | | | |
| | | | | | | | 85 Zip Code | | | |
| WINTER HAV | | | | | | | | | 103 () |) 00d0 |
| . Pursuant to the or registered a familiar with, ar | he provisions of Sect agent, or both, in the and accept the oblig | State of Florida S | Soch Chande I | was authorize | taki by the con | | vation submits this statement for the and of directors. Thereby accept the a | FL aurpose of ch appointment as | anning its r | egistered offici agent. Lam |
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SIGNATURE:

SIGNATURE AND THE OR OF NITED NAME OF ORIGINAL OFFICER OR DIRECTOR

(941 2933893)