

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32752 (2)

1. Corporation Name
KERN CHIROPRACTIC HEALTH CENTER, P.A.

Principal Place of Business
1948 NORTHEAST 123RD STREET
SUITE 103
NORTH MIAMI FL 33181
US

Mailing Address
1948 NORTHEAST 123RD STREET
SUITE 103
NORTH MIAMI FL 33181-2800
US

3. Date Incorporated or Qualified 11/30/1989 3a. Date of Last Report 01/24/1996

4. FEI Number 65-0159415 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GETTIS, DEAN M
11900 BISC BLVD., #809
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

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

83 700002251457--7

84 City 07/29/97 01/16/014
****165.FL ****165.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KERN, BRAD
STREET ADDRESS 1948 NE 123RD ST. #103
CITY-ST-ZIP NORTH MIAMI FL

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE [Signature] 305-899-0777

FILED
97 JUL 23 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (9/96)



Kern Chiropractic Wellness Centre

SPECIAL ATTENTION TO PEDIATRIC WELLNESS CARE

pg. 2

July 18, 1997

Division of Corporations
PO Box 1500
Tallahassee, FL. 32302-1500

To Whom It May Concern:

I am enclosing payment for the corporate fees for Kern Chiropractic Center, PA and Universal Health Technologies, Inc. I apologize for the late payments but ask you to understand that there is another Chiropractor in my small shopping center only a few doors down. The other Chiropractor is moving and today dropped off the filing applications for my two corporations. I have enclosed payments of \$165.00 for each corporation and ask you to understand that this misunderstanding was beyond my control and to mark my files accordingly. If you look into my previous files I have not been late before.

If there are any questions, please contact me personally.

Thank you,

Brad A. Kern, D.C.