

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L41244** (9)

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



Principal Place of Business: **10800 N MILITARY TR SUITE 111 PALM BEACH GARDENS FL 33410**
Mailing Address: **10800 N MILITARY TR SUITE 111 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **01/03/1990** 3a. Date of Last Report: **03/21/1995**
4. FLE Number: **65-0177767** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THAW, ANDREW
10800 N MILITARY TR #111
#626
PALM BCH GDNS 33410**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	THAW ANDREW	
STREET ADDRESS	10800 N MILITARY TR #111	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THAW ANDREW	
STREET ADDRESS	10800 N MILITARY TR #111	
CITY-ST-ZIP	PALM BCH, GONS, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, partner, receiver or trustee, or authorized 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]* **prender** 3/22/96 (407) 775-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)