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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90055 028 \*\*\*150.00

## DOCUMENT # M65140 1. Corporation Name WELLS ROAD CHIROPRACTIC CENTER, INC.

Principal Place of Business Mailing Address							I (00100);t (10 01)01 02(01 210)1 02(01 020)2 00(1 010)1 010)1 010)1 010)1 010)1 010)1 010)1 010)1 010)1
1677 WELLS ROAD			1877 WELLS ROAD				
SUITE 122 SUITE 122			E 122 NGE PARK FL 32073				DO NOT WRITE IN THIS SPACE
ORANGE PARK FL 32073 ORANGE PARK FL 32073 US US						3. Date Incorporated or Qualifed	
							01/19/1988
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number Applied For
21		26					<b>59-2873993</b> Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27					Fee Required
City & Stat	e	<b>⊢</b>	City & State				6. Election Campaign Financing S5.00 May Be
23		28	7:		ıntn.	<del> </del>	Trust Fund Contribution Added to Fees
Zip	Country	Zip Cour 29 30			artu y		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Currer		red Agent	30			10. Name and Address of New Registered Agent
	5. Name and Address of Garter	it region	iioa Agoin		81	Name	
KELLY, REBECCA LYNN						-1.4.1	(D.O. County by in Not Association)
1677 WELLS RD.					82	Street Add	tress (P.O. Box Number is Not Acceptable)
STE 122					83		
ORANGE PARK FL 32073					24		85 Zip Code
					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							
	Signature, typed or printed name of registered age				Agen	t signature require	red when reinstating)  DATE  ADDITIONS (SHANGES TO DEFICE DO AND DIRECTORS IN 42)
12.	OFFICERS AN	1D DIKEC	DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	D KELLY, REBECCA LYNN			1.2 N			
NAME STREET ADDRESS	1677 WELLS RD., #122					ADDRESS	
	ORANGE PARK FL				TY-SI		
TITLE			2.1 TI			☐ Change ☐ Addition	
NAME	ALLEN, IRIS CYNTHIA		AME	ļ			
STREET ADDRESS	145110 00 4400		2.3 S		TREET	T ADDRESS	
CITY-ST-ZIP	ADMINIST BARK FI			2.40	HTY-S	T-ZIP	
TITLE	<del></del>		3.1 ⊤ī	TLE		☐ Change ☐ Addition	
NAME				3.2 N	AME	ŀ	
STREET ADDRESS				3.3 S	TREET	ADDRESS	
CITY-ST-ZIP				34 C	2-YTK	T-ZIP	
TITLE	1		4.1 TI	TLE	İ	☐ Change ☐ Addition	
NAME			4.2 N	4. 2 NAME			
STREET ADDRESS						r ADDRESS	
CITY-ST-ZIP	1		_	iTY-S1	r-ZiP	☐ Change ☐ Addition	
TITLE			☐ DELETE	5.1 TI 5.2 N			Collarige ( Audulion
NAME						ADDRESS	
STREET ADDRESS				1	ITY+S1		
CITY-ST-ZIP			☐ DELETE	6.1 TI		-	Change Addition
NAME				6.2 N			Total Control

CITY-ST-ZIP 14. 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 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 in changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR