

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Feb 20 1996 8:00 am  
Secretary of State

DOCUMENT # P93000082511 (5)

1. Corporation Name

CHIRO-MEDICAL CLINIC, INC.



Principal Place of Business

Mailing Address

1010 S. OCEAN BLVD., #514  
POMPANO BEACH FL 33062

1010 S. OCEAN BLVD., #514  
POMPANO BEACH FL 33062

CHIRO-MEDICAL CLINIC, INC.  
3929 N. ANDREWS AVE.  
FT LAUDERDALE, FL 33309

3. Date Incorporated or Qualified  
11/22/1993

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, CHIRO-MEDICAL CLINIC, INC.  
22 3929 N. ANDREWS AVE.  
23 FT LAUDERDALE, FL 33309  
24 City & State

26 CHIRO-MEDICAL CLINIC, INC.  
27 3929 N. ANDREWS AVE.  
28 FT LAUDERDALE, FL 33309  
29 City & State

4. FEI Number

65-0465296

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGG, KATHLEEN  
777 SO FEDERAL HWY  
B102  
POMPANO BEACH FL 33062

1010 S. OCEAN BLVD  
#514  
POMPANO Bch, FL  
33062

81 Name

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

83

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDS ☒ DELETE  
NAME GREGG, KATHLEEN  
STREET ADDRESS 777 SO FEDERAL HWY, B102  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE Same ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 1010 S. OCEAN BLVD #514  
14 CITY-ST-ZIP POMPANO Bch FL 33062

2. 1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition  
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 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: KATHLEEN GREGG

2/7/96

954  
396-9923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)