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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000082511 (5) DOCUMENT # P93(

## **FILED** Feb 13 1998 8:00am Secretary of State

CHINOMEDICAL CLINIC, INC.								
Principal Place of Business	Mailing Address				4 PROCESON TEN INCOME TELL MUSIC BRICK NORTH DOLL (0)	ID 11001 01101 1	HUW! 4784 1 <b>88</b> 3	
CHIRO MEDICAL CLINIC INC. CHIRO MEDICAL CLINIC I		INC.						
3929 NORTH ANDREWS AVENUE 3929 NORTH ANDREWS AVENU				50 No. 11 11 11 11 11 11 11 11 11 11 11 11 11				
FT. LAUDERDALE FL 33309 US	IDALE FL 33309 FT. LAUDERDALE FL 33309 US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 11/22/1993			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
	26				65-0465296		Not Applicable	
Suite, Apt #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State	City & State				A Floring Committee Floring			
<del> </del>	28				6. Election Campaign Financing Trust Fund Contribution		0 May Be	
Zip Country	Zip Country				8. This corporation owes or has paid the cu			
<b>├</b> ──	29 30				Personal Property Tax due June 30. Yes No			
9. Name and Address of Current R		1241			10. Name and Address of New Registered	Agent		
GREGG, KATHLEEN		6	1 Nar	ne				
1010 SOUTH OCEAN BLVD		8	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
#514		١	Sire	el Addie	ss (F.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33062		8	3					
			4 City	,		85 Zir	Code	
			1 -		FL	.   `   `		
<ol> <li>Pursuant to the provisions of Sections 607,0502 are office or registered agent, or both, in the State of I agent. Language in the state of I agent. Language in the state of I agent.</li> </ol>	nd 607.1508, Florida Statute Horida: Such change was a	es, the about the state of the	ve-nam	ned corpo	ration submits this statement for the purpose on's board of directors. I hereby accept the app	f changing	Its registered	
agent. I am to hillar with and account the obligation	no of Employ 607 DEDS, Flo	zida Statul	es.	эогропино	- /- /00		is registered	
SIGNATURE ATTITION O	5Resp				<del>3/6/18</del>			
12. OFFICERS AND D	BOLCTOOS	13.	<del>gent eign</del>	ature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DS IN 12	
TITLE POS	DELETE	1.1 TITLE		7	ADDITIONS/OFFARES TO OFFICERS AND	Change		
NAME GREGG, KATHLEEN		1.2 NAM						
STREET ADDRESS 1010 SOUTH OCEAN BLVD, #5	14	1	- et addre:	ss				
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY		-				
TITLE	DELETE	2.1 1ITLE				Change	Addition	
NAME		2 2 NAM	Ε					
STREET ADDRESS		2.3 STAE	ET ADDRE	ss				
City - St - ZiP		2. 4 CITY	- ST - ZIP					
TITLE	DELETE	3.1 TITLE		1		Change	☐ Addition	
NAME		3 2 NAM	E					
STREET ADDRESS		3.3 STRE	et addre:	ss			1	
CITY - ST - ZIP		3.4. CITY	- ST- Z(P					
TITLE	DELETE	4.1 TITLE				☐ Change	Addition	
NAME		4. 2 NAM						
STREET ADDRESS		4.3 STRE	et addre:	ss				
CITY - ST - ZIP	- Charlette	4.4 CITY						
TITLE	☐ DELETE	5.1 TITLE				Change	Addition	
NAME		5.2 NAM		_				
STREET ADDRESS			ET ADDRES	ss				
CITY-ST-ZIP	DELETE	5.4 CITY	~~~~~~			Change	Addition	
TITLE		6.1 TITLE				- change		
NAME		6.2 NAM						
STREET ADDRESS			ET ADDRES	<sup>35</sup>				
CITY-ST-7IP	the floor days and another	6.4 CITY		lated in S	ection 119.07(3)(i), Florida Statutes. I further ce	etific that th	o 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, oyon an attachment with an address.

**SIGNATURE:**