

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

1995



FILED
SECRETARY OF STATE
OF CONNECTICUT

55 MAY -1 AM 10:56

DOCUMENT # **P94000003896 (5)** .

ALTERMAN CHIROPRACTIC CENTER, P.A.

~~3010 G THIRD STREET~~ 423 N. Third St
~~SUITE B~~
JACKSONVILLE FL 32250

~~6040 G. THIRD STREET~~ *Same*
~~SUITE B~~
JACKSONVILLE FL 32250

3. Date of Application (Month/Day/Year)		3a. Date of Birth and Signature	
01/10/1994			
4. Application Fee	Applied For		
	Not Applicable		
5. Certificate of Election (Desired)		\$8.75 Additional Fee Required	
6. Election Campaign Filing Fee (Total Fund Contribution)		\$5.00 May Be Added to Fees	
7. The undersigned hereby certifies that the information provided is true and correct.		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R
3010 S. THIRD STREET
SUITE B
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (Do Not Indicate a Post Office Box)
83	
84	City
85	State

[illegible]

Journal of Management Studies, 1987, 20(6), 611-624

[illegible]

13. ADDRESS COMPANIES TO BE LISTED AND INDUSTRY	
1. Name	1. Group 2. Address
2. Code	
3. Description	
4. Code	1. Group 2. Address
5. Name	
6. Description	
7. Code	
8. Name	1. Group 2. Address
9. Description	
10. Code	
11. Name	1. Group 2. Address
12. Description	
13. Code	
14. Name	1. Group 2. Address
15. Description	
16. Code	
17. Name	1. Group 2. Address
18. Description	
19. Code	
20. Name	1. Group 2. Address
21. Description	
22. Code	
23. Name	1. Group 2. Address
24. Description	
25. Code	
26. Name	1. Group 2. Address
27. Description	
28. Code	
29. Name	1. Group 2. Address
30. Description	
31. Code	
32. Name	1. Group 2. Address
33. Description	
34. Code	
35. Name	1. Group 2. Address
36. Description	
37. Code	
38. Name	1. Group 2. Address
39. Description	
40. Code	
41. Name	1. Group 2. Address
42. Description	
43. Code	
44. Name	1. Group 2. Address
45. Description	
46. Code	
47. Name	1. Group 2. Address
48. Description	
49. Code	
50. Name	1. Group 2. Address
51. Description	
52. Code	
53. Name	1. Group 2. Address
54. Description	
55. Code	
56. Name	1. Group 2. Address
57. Description	
58. Code	
59. Name	1. Group 2. Address
60. Description	
61. Code	
62. Name	1. Group 2. Address
63. Description	
64. Code	
65. Name	1. Group 2. Address
66. Description	
67. Code	
68. Name	1. Group 2. Address
69. Description	
70. Code	
71. Name	1. Group 2. Address
72. Description	
73. Code	
74. Name	1. Group 2. Address
75. Description	
76. Code	
77. Name	1. Group 2. Address
78. Description	
79. Code	
80. Name	1. Group 2. Address
81. Description	
82. Code	
83. Name	1. Group 2. Address
84. Description	
85. Code	
86. Name	1. Group 2. Address
87. Description	
88. Code	
89. Name	1. Group 2. Address
90. Description	
91. Code	
92. Name	1. Group 2. Address
93. Description	
94. Code	
95. Name	1. Group 2. Address
96. Description	
97. Code	
98. Name	1. Group 2. Address
99. Description	
100. Code	

RECEIVED

RECEIVED 1954 JUN 10 11 10 AM '54

[illegible]

SIGNATURE: Franca Alterman FAlterman 4/21/95 904241-1010
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICIAL OR DIRECTOR