

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S60119** (2)
1. Corporation Name
COORDINATED CHIROPRACTIC CARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1230 DOUGLAS
STE 200
LONGWOOD FL 32779
US** **1230 DOUGLAS
STE 200
LONGWOOD FL 32779
US**

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

3. Date Incorporated or Qualified: **06/06/1991** 3a. Date of Last Report: **07/06/1994**
4. FEI Number: **59-3068467** 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. 193(1)(3), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PAVLIK, DANIEL J.
1230 DOUGLAS AVE
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent
81 Name: **BECKER, IRVING J.**
82 Street Address (P.O. Box Number is Not Acceptable): **1230 DOUGLAS AVE. #200**
83
84 City: **LONGWOOD** FL 85 Zip Code: **32779**

11. Pursuant to the provisions of Sections 607.0503 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 (hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **IRVING J. BECKER** *IR J* *3/2/95*

12. OFFICERS AND DIRECTORS

TITLE	VS
NAME	NIERENBERG, CLIFFORD
STREET ADDRESS	1230 DOUGLAS
CITY- ST- ZIP	LONGWOOD FL
TITLE	V
NAME	BECKER, IRVING J
STREET ADDRESS	1230 DOUGLAS
CITY- ST- ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NIERENBERG, CLIFFORD	
13 STREET ADDRESS	1230 DOUGLAS AVE. #200	
14 CITY- ST- ZIP	LONGWOOD, FL 32779	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BECKER, IRVING J	
23 STREET ADDRESS	1230 DOUGLAS AVE. #200	
24 CITY- ST- ZIP	LONGWOOD, FL 32779	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	HARVEY, JOHN	
33 STREET ADDRESS	1230 DOUGLAS AVE. #200	
34 CITY- ST- ZIP	LONGWOOD, FL 32779	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 199.07(1)(b), 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **IRVING J. BECKER** *IR J* *3/2/95*