FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M81135** **(9)**

1. Corporation Name
GENTLE CHIROPRACTIC OFFICES, INC.

Principal Place of Business	Mailing Address
10010 SOUTH FEDERAL HWY. SUITE 6 PORT ST. LUCIE FL 34952	10010 SOUTH FEDERAL HWY. SUITE 6 PORT ST. LUCIE FL 34952

2. Principal Place of Business	2a. Mailing Address
21 10020 S. Federal Hwy	26 10020 S. Federal Hwy
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St. Lucie FL	28 City & State: Port St. Lucie, FL
24 Zip: 34952 / 25 Country: USA	29 Zip: 34952 / 30 Country: USA

3. Date Incorporated or Qualified: 05/17/1988
3a. Date of Last Report: 03/14/1995
4. FEI Number: 65-0052180 ☐ 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

DAWSON, JOSEPH R.
320 DAVIE BLVD
FT. LAUDERDALE FL 33315

10. Name and Address of New Registered Agent
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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DPS ☐ DELETE
NAME	GOLDBERG, HARRIS I.
STREET ADDRESS	10010 SO. FEDERAL HWY.
CITY-ST-ZIP	PT. ST. LUCIE FL
TITLE	DVT ☐ DELETE
NAME	GOLDBERG, MARY H.
STREET ADDRESS	10010 SO. FEDERAL HWY.
CITY-ST-ZIP	PT. ST. LUCIE 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☒ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	10020 S. Federal Hwy
1 4 CITY-ST-ZIP	Port St. Lucie, FL 34952
2 1 TITLE	☒ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	10020 S. Federal Hwy
2 4 CITY-ST-ZIP	Port St. Lucie, FL 34952
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Mary H. Goldberg V.P. 3-22-96 407-335-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #