


03011999-90201-012-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000081065			
1. Corporation Name PINES WEST CHIROPRACTIC, INC.			
Principal Place of Business 17005 NW PINES BLVD. PEMBROKE PINES FL 33027		Mailing Address 17005 NW PINES BLVD. PEMBROKE PINES FL 33027	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 10/01/1996	
21. Suite, Apt. #, etc.		4. FEI Number 65-0705019	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		7. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BUCKLEY, JOSEPH 18745 NW 1 ST. PEMBROKE PINES FL 33029		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer, 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.		81. Name Pines West Chiropractic	
SIGNATURE <i>Joseph Buckley</i>		82. Street Address (P.O. Box Number is Not Acceptable) 17005 Pines Blvd	
12. OFFICERS AND DIRECTORS		83. City Pembroke Pines FL	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		84. Zip Code 33027	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	
15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-ST-ZIP		15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY-ST-ZIP	
19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-ST-ZIP		19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY-ST-ZIP	
23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY-ST-ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY-ST-ZIP	
27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY-ST-ZIP		27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY-ST-ZIP	
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	
35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY-ST-ZIP		35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY-ST-ZIP	
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47. TITLE 48. NAME 49. STREET ADDRESS 50. CITY-ST-ZIP		47. TITLE 48. NAME 49. STREET ADDRESS 50. CITY-ST-ZIP	
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67. TITLE 68. NAME 69. STREET ADDRESS 70. CITY-ST-ZIP		67. TITLE 68. NAME 69. STREET ADDRESS 70. CITY-ST-ZIP	
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83. TITLE 84. NAME 85. STREET ADDRESS 86. CITY-ST-ZIP		83. TITLE 84. NAME 85. STREET ADDRESS 86. CITY-ST-ZIP	
87. TITLE 88. NAME 89. STREET ADDRESS 90. CITY-ST-ZIP		87. TITLE 88. NAME 89. STREET ADDRESS 90. CITY-ST-ZIP	
91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-ST-ZIP		91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-ST-ZIP	
95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY-ST-ZIP		95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY-ST-ZIP	
99. TITLE 100. NAME 101. STREET ADDRESS 102. CITY-ST-ZIP		99. TITLE 100. NAME 101. STREET ADDRESS 102. CITY-ST-ZIP	

SIGNATURE: *Joseph Buckley* Date: 1/20/99 954-432-3343