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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(0)

LAWRENCE CHIROPRACTIC CENTER, P.A.

FILED Jan 29 1998 8:00am Secretary of State



Frincipai Fiac	e or business	Maining Address					
2734 FOREST		2734 FOREST HILL BLVD.					
W. PALM BE	ACH FL 33406	W. PALM BEACH FL 3340	J6		DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualified		
					10/08/1975		
2. Principal P	lace of Business	2a. Mailing Address	failing Address		4. FEI Number		Applied For
21		26		59-1630860		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	T	75 Additional	
22		27			5. Certificate of Status Desired	Fe Fe	e Required
City & State	е	City & State		6. Election Campaign Financing	\$5	.00 May Be	
23		28			Trust Fund Contribution	L Ad	ded to Fees
Zip	Country				8. This corporation owes or has paid		
24	25 29 30			Personal Property Tax due June 30. Yes . No			
	Name and Address of Current	Registered Agent		1	10. Name and Address of New Regi	stered Agent	
j LA	WRENCE, JAMES S.		81	Name			
	34 FOREST HILL BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptable	·)	
W.	PALM BEACH FL		83	-			
			00				
			84	City		FL 85	Zip Code
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	es the above	e-pamed cor	rooration submits this statement for the pur		Ing its registered
office or r	egistered agent, or both, in the State of	of Florida, Such change was a	uthorized b	y the corpora	rporation submits this statement for the puration's board of directors. I hereby accept	the appointmen	nt as registered
agent, i a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo.	irida Statute	s.			
SIGNATURE				· · · · · · · · · · · · · · · · · · ·		DATE	
	Signature, typed or printed name of registered agen OFFICERS AND		13.	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12. TITLE	PT	DELETE	1.1 TITLE		ADDITIONO/CHANGES TO OFFICE	☐ Cha	
	LAWRENCE, JAMES S.		1.2 NAME			<u> </u>	
NAME	2734 FOREST HILL BLVD.			T ADDRESS			
STREET ADDRESS	W. PALM BEACH FL		B .				
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY - 1 2.1 TITLE	51-ZIP		☐ Cha	ange Addition
NAME	LAWRENCE, JAMES S.		2.2 NAME		*		
· · · · -	2734 FOREST HILL BLVD.			T A DDDCCC			
STREET ADDRESS	W. PALM BEACH FL			TADDRESS			
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP		☐ Cha	inge Addition
TITLE	_	-	3.1 TITLE				ange Addition
NAME	LAWRENCE, MARION ELAINE 2734 FOREST HILL BLVD.		3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL	T here	3.4. CITY-	ST-ZIP		☐ Chá	ange
TITLE		DELETE	4.1 TITLE			LI UR	ange LT Addition
NAME			4. 2 NAME				
STREET ADDRESS			4,3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		(77.2)	
TITLE		DELETE	5.1 TITLE			∐ Cha	inge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ŞT-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Cha	inge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
14 I hereby o	certify that the information supplied wit	h this filing does not qualify fo			n Section 119.07(3)(i), Florida Statutes. I fu	rther certify tha	at the information

indicated on this annual report or supplied with this limit does not qualify for the exemption stated in decision 1 19.07(3)(), Florida Statutes, Turtner certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ogth; 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.