

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 542884 (2)

1. Corporation Name

ARMSTRONG CHIROPRACTIC CENTER, P.A.

Principal Place of Business

Mailing Address

2073 W. ST. RD. 434
STE. 400
LONGWOOD FL 32779

2073 W. ST. RD. 434
STE. 400
LONGWOOD FL 32779



3. Date Incorporated or Qualified
08/09/1977

3a. Date of Last Report
10/19/1995

4. FEI Number

59-2202807

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

2. Principal Place of Business

2a. Mailing Address

21 100 Lakeshore Dr. #108 26 100 Lakeshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 #108

City & State

23 Altamonte Springs, FL

28 Altamonte Springs, FL

Zip

Country

Zip

Country

24 32714-5012 25 USA

29 32714-5012 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMSTRONG, WILLIAM L
100 LAKESHORE DR
SUITE 108
ALTAMONTE SPRINGS FL 32714-5012

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ARMSTRONG, WILLIAM L
STREET ADDRESS 100 LAKESHORE DR SUITE 108
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32714-5012

TITLE
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-96

Daytime Phone

✓ 407-7744144

CR2E034 (12/95)