

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # 604464

(8)

1. Corporation Name

WEBB CHIROPRACTIC CLINIC, P.A.

Principal Place of Business

787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34952-2274

Mailing Address

787 E. PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34952-2274

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1973

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1483162

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAFFER, H.
355 NE 5TH AVE
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name

IF SCHAFFER

82

Street Address (P.O. Box Number is Not Acceptable)

2765 CARDINAL CIRCLE

83

84

GULF STREAM

FL

85

Zip Code
32473

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 607.060, Florida Statutes.

SIGNATURE

(Signature subject to printed names of the filer, agent and filer's officer)

(Signature Registered Agent (signature required when necessary))

(Date)

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

WEBB, JACK

STREET ADDRESS

787 E. PRIMA VISTA BLVD

CITY, ST, ZIP

PT ST LUCIE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)