

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 619229

1. Corporation Name

P.A.

ROFFLER CHIROPRACTIC CLINIC

Principal Place of Business

Mailing Address

1935 SEMORAN BLVD → same
WINTER PK FL 32792

3. Date Incorporated or Qualified

04/30/79

3a. Date of Last Report

05/31/96

4. FEI Number

59-1907182

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

21 same as above

Suite, Apt. #, etc.

11

22 City & State

11

23 Zip

11

Country

24

2a. Mailing Address

26 same as above

Suite, Apt. #, etc.

11

27 City & State

11

28 Zip

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Country

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROFFLER, REX W.
1935 SEMORAN BLVD
WINTER PARK FL 32792

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE president
NAME Rex W. ROFFLER DC
STREET ADDRESS same address as above
CITY-ST-ZIP

☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
200002278532-1
-08/27/97-01067-025
****165.00 ****165.00

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

SIGNATURE:

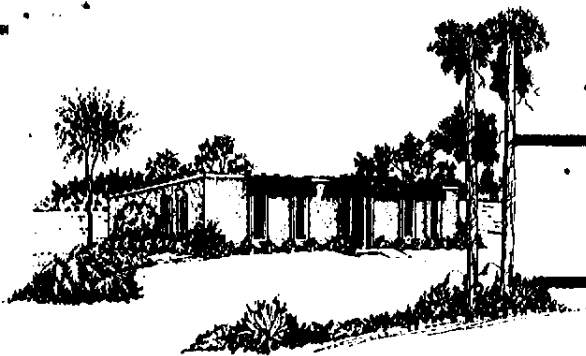
Rex W. Roffler DC

Date

Daytime Phone

4/21/97

CR2E034 (9/96)



Roffler

Chiropractic Clinic, P.A.

Rex W. Roffler, D.C.

7/25/97

Division of Corporations
PO Box 1500
Tallahassee FL 32302

Re: Corp Annual Report
Duplicate Copy Enclosed
Payment Re-Issued

To Whom It May Concern —

This report was mailed to you 4/24/97.

When we rec'd your 2nd request, we audited our records to confirm we had mailed it to you & on time.

- Per call to our bank however, the check never cleared, so we have reissued a duplicate.

Please research your files for our original report & return previous payment to us.

Thank you, Karen L. Roffler Karen Roffler