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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

691974 DOCUMENT #

GOLDEN CHIROPRACTIC CENTER OF CORAL SPRINGS, P.A.

Principal Place of Business Mailing Address 7932 WEST SAMPLE ROAD 7932 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/25/1981 05/01/1995 Applied For 4, FEI Number 2a. Mailing Address 2. Portoipal Place of Business 59-2119091 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 6. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Zio 🔏 Yes 🗌 No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FIORE, SALVATORE V. Street Address (P.O. Box Number is Not Acceptable) 82 400 SE 8TH STREET 83 FT. LAUDERDALE FL 33316 Zip Code City 85 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE types or printed name of registered against and title diadomiable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DELETE 1 1 Title F THUE GOLDEN, DENNIS 1.2 NAME NAME 7932 WEST SAMPLE ROAD 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 00000 1.4 C(TY - \$1 - Z(P) CHY-51-ZIF ☐ Change Addition DELETE 2 1 TITLE TILE 22 NAME 2.3 STREET ADDRESS STHEE! ADDRESS 24 CITY-ST-ZIP CITY ST-ZIP ☐ Addition ☐ Change DELFTE 3 1 TITLE Till. F 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY-ST-ZIP DELETE ☐ Change Addition 4 1 TITLE 100.6 4.2 NAME NAME 4.3 STREET ADDRESS STEEL LADORESS 4.4 CITY - ST - ZIP CHY-ST ZIF Addition TOELE TE 5 1 TITLE 1:11.5 5.2 NAME NAME 53 STREET ADDRESS STREET ACIORESS 5.4 CHY - ST - ZIP CHLY - ST - ZF Addition [ ] Change DELETÉ 6 1 TITLE HEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHTY - S1 - ZIF

SIGNATURE:

C:1Y-S1-ZIF

G OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIG

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 logal effect as if made under eath; 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 within address.

(12/95) CR2E034