SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:27

DOCUMENT # **740251** **(4)**

1. Corporation Name
CHIROPRACTIC LEGAL AFFAIRS, INC.

Principal Place of Business	Mailing Address
6115 MIRAMAR PKWY. MIRAMAR FL 33023	6115 MIRAMAR PKWY. MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1977
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1802648 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CARROLL, MARK M., ESQ.
624 BISCAYNE BLDG.
19 WEST FLAGLER ST.
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WOELTJEN, DONALD, DC	12 NAME	
STREET ADDRESS	6115 MIRAMAR PKWY.	13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GAFFNEY, JOHN, DC	22 NAME	
STREET ADDRESS	339 E. NEW YORK AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOE DC	32 NAME	
STREET ADDRESS	605 N HWY 331	33 STREET ADDRESS	
CITY-ST-ZIP	PAXTON FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MURPHY, WILLIAM	42 NAME	
STREET ADDRESS	1340 US HWY #1	43 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	POULTON, RUSSELL	52 NAME	
STREET ADDRESS	509 NE 20TH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GENTILE, JOHN	62 NAME	
STREET ADDRESS	8056 SW 81ST DR.	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald H. Woeltjen, D.C. 6/12/95 305-961-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000100