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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F53279   (8)

1. Corporation Name

HAYMAN CHIROPRACTIC CLINIC, P.A.

Principal Place of Business	Mailing Address
C/O STEPHEN W. HAYMAN 818 N. BLVD. DELAND FL 32720	C/O STEPHEN W. HAYMAN 818 N. BLVD. DELAND FL 32720

2. Principal Place of Business **21**	**2a.** Mailing Address **26**	**3.** Date Incorporated or Qualified **11/09/1981** **3a.** Date of Last Report **05/01/1995**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	**4.** FEI Number **59-2150562** Applied For / Not Applicable
City & State **23**	City & State **28**	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip **24** Country **25**	Zip **29** Country **30**	**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

9. Name and Address of Current Registered Agent

HAYMAN, STEPHEN W.
818 N. BLVD.
DELAND FL 32720

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 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 **DP** ☐ DELETE NAME **HAYMAN, STEPHEN W** STREET ADDRESS **818 NORTH WOODLAND BOULEVARD** CITY-ST-ZIP **DELAND, FL 00000**	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: *Stephen W. Hayman Dc. Pres.*   1-23-96   904-734-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #