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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F53279

1. Corporation Name

HAYMAN CHIROPRACTIC CLINIC, P.A.

Principal Place of Business

Mailing Address

C/O STEPHEN W. HAYMAN

~~818 N. BLVD.~~ 929 N. SPRING GARDEN AVE STE #100
DELAND FL 32720

C/O STEPHEN W. HAYMAN

~~818 N. BLVD.~~ 929 N. SPRING GARDEN AVE STE #100
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/09/1981

4. FEI Number

59-2150562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 929 N. Spring Garden Ave.

Suite, Apt. #, etc.

22 Suite #100

City & State

23 DeLand, Florida

Zip

24 32720-2560

Country

2a. Mailing Address

26 929 N. Spring Garden Ave.

Suite, Apt. #, etc.

27 Suite #100

City & State

28 DeLand, Florida

Zip

29 32720-2560

Country

30

9. Name and Address of Current Registered Agent

HAYMAN, STEPHEN W.

~~818 N. BLVD.~~ 929 N. SPRING GARDEN AVE STE 100
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

TITLE ☐ DELETE

NAME HAYMAN, STEPHEN W

STREET ADDRESS ~~818 N~~ SPRING GARDEN AVE, STE 100

CITY-STATE-ZIP DELAND, FL 00000 32720

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME HAYMAN, Stephen W

1.3 STREET ADDRESS 929 N SPRING GARDEN AVE, STE 100

1.4 CITY-STATE-ZIP DELAND, FL. 32720

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)