FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **F56678** **(8)**

1. Corporation Name
BUFFALO CHIROPRACTIC CENTER, INC.

Principal Place of Business
2942 WEST COLUMBUS DRIVE. S-101
P.O. BOX 20267
TAMPA FL 33607

Mailing Address
2942 WEST COLUMBUS DRIVE. S-101
P.O. BOX 20267
TAMPA FL 33607

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Corporation First Qualified: **12/02/1981**
3a. Date of Last Report: **04/10/1995**

4. FEI Number: **59-2114752** ☐ 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 activity for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, BRUCE W
2942 W COLUMBUS DR #101
TAMPA FL 33607

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 607.0505 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. The 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

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	PD MILLER, DONNA SUE 1100 PINELLAS BAYWAY, K-3 TIERRA VEROE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	VST MILLER, BRUCE W 1100 PINELLAS BAYWAY, K-3 TIERRA VEROE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY, ST, ZIP	☐ Change ☐ Addition
5 TITLE / 6 NAME / 7 STREET ADDRESS / 8 CITY, ST, ZIP	☐ Change ☐ Addition
9 TITLE / 10 NAME / 11 STREET ADDRESS / 12 CITY, ST, ZIP	☐ Change ☐ Addition
13 TITLE / 14 NAME / 15 STREET ADDRESS / 16 CITY, ST, ZIP	☐ Change ☐ Addition
17 TITLE / 18 NAME / 19 STREET ADDRESS / 20 CITY, ST, ZIP	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, #, furnished and does not qualify for the exemptions 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 added by an attachment with an add'l ss.

SIGNATURE: Donna S. Miller Sec. 3/18/96 813-281-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #