

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F92175 (1)**

1. Corporation Name

**CRESTHAVEN CHIROPRACTIC CENTRE, INC.**



Principal Place of Business

Mailing Address

% LESLIE HOWARD COHEN  
4588 CRESTHAVEN BLVD  
WEST PALM BCH. FL 33415-8207

% LESLIE HOWARD COHEN  
4588 CRESTHAVEN BLVD  
WEST PALM BCH. FL 33415-8207

3. Date Incorporated or Qualified **07/26/1982** 3a. Date of Last Report **06/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2601-34 S. Military Trail**

26

4. FEI Number **59-2202020** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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27

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State

City & State

23 **West Palm Beach, FL**

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Zip

Country

Zip

Country

24 **33415**

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**Palm Beach**

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, LESLIE HOWARD  
4588 CRESTHAVEN BLVD  
WEST PALM BCH. FL 33406**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **2601-34 S. Military Trail**  
83  
84 City **West Palm Beach** FL 85 Zip Code **33415**

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 the filer.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PVT	COHEN, LESLIE HOWARD	5006 CAYENNE LANE	PALM BCH GARDENS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	1 2 NAME	1 3 STREET ADDRESS	1 4 CITY-ST-ZIP	Change	Addition
		8095 Steeplechase Drive	Palm Beach Gardens, FL 33418	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*Leslie H. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Leslie H. Cohen**

Date: Day/Mo/Year Phone: #

CR2E034 (12/95)