


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 09, 1999 8:00am**  
**Secretary of State**

02-09-1999 90013 010 \*\*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F92175**

1. Corporation Name  
**CRESTHAVEN CHIROPRACTIC CENTRE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>2601-34 S MILITARY TRAIL<br>WEST PALM BEACH FL 33415<br>US | Mailing Address<br>2601-34 S MILITARY TRAIL<br>WEST PALM BEACH FL 33415<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24 Zip Country                 | 29 Zip Country         |
| 25                             | 30                     |

3. Date Incorporated or Qualified  
**07/26/1982**

4. FEI Number **59-2202020** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**COHEN, LESLIE H**  
**2601-34 S. MILITARY TRAIL**  
**WEST PALM BEACH FL 33415**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>PVT</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>COHEN, LESLIE H</b>             |                                 |
| STREET ADDRESS | <b>8095 STEEPLECHASE DR</b>        |                                 |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS FL 33418</b> |                                 |
| TITLE          |                                    | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-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 REQUIRED \_\_\_\_\_ 1/20/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/198)