

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G47832** (2)

1. Corporation Name

WEST ORLANDO CHIROPRACTIC CLINIC, P.A.



Principal Place of Business

**6388 SILVER STAR RD.
SUITE 2G
ORLANDO FL 32818
US**

Mailing Address

**6388 SILVER STAR RD.
SUITE 2G
ORLANDO FL 32818
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**TURK, DR. RICHARD
6388 SILVER STAR RD.
SUITE 2G
ORLANDO FL 32818**

3. Date Incorporated or Qualified

06/21/1983

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2296680

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 liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Must be typed and signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP
7. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-STATE-ZIP
8. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-STATE-ZIP
9. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-STATE-ZIP
10. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-STATE-ZIP
11. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-STATE-ZIP
12. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-STATE-ZIP
13. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY-STATE-ZIP
14. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY-STATE-ZIP
15. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY-STATE-ZIP
16. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-STATE-ZIP
17. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY-STATE-ZIP
18. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY-STATE-ZIP
19. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY-STATE-ZIP
20. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY-STATE-ZIP
21. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY-STATE-ZIP
22. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	85. TITLE 86. NAME 87. STREET ADDRESS 88. CITY-STATE-ZIP
23. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY-STATE-ZIP
24. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY-STATE-ZIP
25. TITLE NAME STREET ADDRESS CITY, STATE, ZIP	97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this filing is a report or supplement to an 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 change) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

401-240-2225

CR2E034 (12/95)