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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G53603 (8)

SCOLA CHIROPRACTIC, P.A.

FILED Feb 26 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address				- 1 1001111 8000 81100 11118 01111 08100 11	II ALELI BIÜIL	4181) 4 (4) (4)4)		
% JOHN E. S 2705 A TAMIA PORT CHARLE		% John E. Scola 2705 a tamiami trail Port Charlotte FL 3				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
9 D	Year of Division	To Maria Addition				08/10/1983				
-	face of Business	2a. Mailing Address			4. FEI Number			pplied For		
Suite, Apt	# alo	Suite, Apt. #, etc			59-2308864			ot Applicable		
22		27			5. Certificate of Status Desired		Fee R	Additional equired		
City & State	0	₁	City & State			6. Election Campaign Financing			May Be	
23		28 Country			Trust Fund Contribution			to Fees		
	ma, <u>}</u> , },		Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 52 Yes No					
24	9. Name and Address of Current Registered Agent		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
		ent riogratorou Agont		81	Name	TO. Italino and Addison of Itali	giotorou .	-gont		
	OLA, JOHN E.		}							
	05 A TAMIAMI TRAIL RT CHARLOTTE FL 33952			82 Street A		ss (P.O. Box Number is Not Acceptat	ole)			
			ł	83						
				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ove	-named corpo	oration submits this statement for the p	ourpose of	changing i	ts registered		
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such change was ipations of, Section 607,0505. Fl	authorized lorida Stati	d by utes	the corporatio	oration submits this statement for the pon's board of directors. I hereby accept	ot the app	ointment as	registered	
SIGNATURE		grider of province of the page, the	ond old		•				Ì	
SIGNATORE	Signature, typed or posited name of registered a	agent and little # applicable (NO	II Registered	Age	nt signature required	d when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	P	DELETE	1.1 10	r LE				Change	Addition	
NAME	SCOLA, JOHN E		1.2 NA	ME						
STREET ADDRESS	2705 A TAMIAMI TRL		1.3 ST	REET	ADDRESS				-	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	· · · · · · · · · · · · · · · · · · ·	1.4 CII		T-ZIP					
TITLE		DELETE	2.1 Til		- 1			☐ Change	☐ Addition	
NAME			2.2 NA		İ				1	
STREET ADDRESS			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP		F-1 85-55-5	2.4 CI		T-ZIP		₹÷			
TITLE		DELETE	3.1 [1]		1			L Change	Addition	
NAME			3.2 NA						1	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CI		T- ZIP			Change	Addition	
TATE		L' DETET	4.1 1(1					LI CHANGE	LT WOOLDON	
NAME			4. 2 N							
STREET ADDRESS					ADDRESS				į	
CITY-ST-ZIP		DELETE	4.4 CI		T-ZIP			Change	Addition	
TITLE		LJ DULLIE	5.1 TIT		-			L. Glange	Las Addition	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS				į	
CITY-ST-ZIP		DELETE	5.4 CII		I-ZIP			Change	Addition	
TITLE		ריז מננונ	61 111					LI CHANDS	L. Adunion	
NAME			6.2 NA							
STREET ADORESS					ADDRESS [\	
CITY-ST-ZIP	partity that the information purplied	with this filing dose not avoide t	6.4 CII			ection 119 07(3)(i) Florida Statutes I	further co	rtify that the	Information	

remove verify that the information supplied with mis hing 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 suppliemental 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 attactive with an address.

941-629-0500