

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

DOCUMENT # **G57766** (9)

1. Corporation Name
VAN PRAAG CHIROPRACTIC CENTER, INC.



Principal Place of Business: **1605 Main Street, Ste. 1001**
1605 MAIN ST STE 1011 X X
C/O GOLDSMITH
SARASOTA FL 34236

Mailing Address: **1605 Main Street, Ste. 1001**
1605 MAIN ST STE 1011
C/O GOLDSMITH
SARASOTA FL 34236

3. Date Incorporated or Qualified: **06/31/1983**
3a. Date of Last Report: **06/22/1995**

4. FEI Number: **59-2320321**
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

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

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

9. Name and Address of Current Registered Agent
GOLDSMITH, STANLEY A.
1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDTS	<input type="checkbox"/> DELETE
NAME	VAN PRAAG, STANLEY (DR.)	
STREET ADDRESS	5631 PIPER'S WAITE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VDSI	<input type="checkbox"/> DELETE
NAME	VAN PRAAG, JEFFREY (DR.)	
STREET ADDRESS	4859 SOUTHLAND DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
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	PDS & Asst.T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Van Praag, Stanley	
1.3 STREET ADDRESS	(unchanged)	
1.4 CITY-ST-ZIP		
2.1 TITLE	VDI & Asst.S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Van Praag, Jeffrey	
2.3 STREET ADDRESS	(unchanged)	
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 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: *Stanley Van Praag* **Stanley Van Praag** **7/22/96 - 941-923-1045**

CR2E034 (12/95)