

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 # G60529 (6)

1. Corporation Name

WELLINGTON CHIROPRACTIC CENTER, INC.



Principal Place of Business

Mailing Address

% JOHN A. D'AMICO
11924 FOREST HILL BLVD., #13
WEST PALM BEACH FL 33414

% JOHN A. D'AMICO
11924 FOREST HILL BLVD., #13
WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified
09/21/1983

3a. Date of Last Report
06/27/1995

4. FEI Number

59-2366308

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

2a. Mailing Address

21 12797 FOREST HILL BLVD #B

26 % JOHN A. D'AMICO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WEST PALM BEACH FL

27 12797 FOREST HILL BLVD #B

City & State

City & State

23

28 WEST PALM BEACH FL

Zip

Country

Zip

Country

24 33414

25 USA

29 33414

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'AMICO, JOHN A.
11924 FOREST HILL BLVD., #13
WEST PALM BEACH FL 33414

81 Name

D'AMICO, JOHN A.

82 Street Address (P.O. Box Number is Not Acceptable)

83

12797 FOREST HILL BLVD #B

84 City

WEST PALM BEACH

FL

85 Zip Code

33414

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 date of appointment

Signature typed or printed name of new registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME D'AMICO, JOHN A
STREET ADDRESS 11924 FOREST HILL BLVD
CITY-ST-ZIP W PALM BCH, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

John A. D'Amico
JOHN A. D'AMICO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME D'AMICO, JOHN A.
1.3 STREET ADDRESS 12797 FOREST HILL BLVD #B
1.4 CITY-ST-ZIP W. PALM BEACH FL. 33414

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

4/30/96

407-793-5550

CR2E034 (12/95)