

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G68885** (4)

1. Corporation Name

MIAMI SHORES CHIROPRACTIC CENTER, INC.

Principal Place of Business

**9801 NE 2ND AVE
MIAMI SHORES FL 33138**

Mailing Address

**9801 NE 2ND AVE
MIAMI SHORES FL 33138**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**FEINGOLD, LAURENCE
1111 LINCOLN ROAD
SUITE 802
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified

11/14/1983

3a. Date of Last Report

01/30/1995

4. FEI Number

59-2343448

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 607.0502 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 of Registered Agent (Signature Required When Filing)

Signature of Registered Agent (Signature Required When Filing)

(Date)

12. OFFICERS AND DIRECTORS

1.1 TITLE

**PTD
ROSEN, DEBRA ANN
2000 TOWER SIDE TR 1609
MIAMI FL**

☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

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