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

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G68885

(4)

MIAMI SHORES CHIROPRACTIC CENTER, INC.

Principal Place of Bus-ness Mailing Address 9801 NE 2ND AVE 9801 NE 2ND AVE MIAMI SHORES FL 33138-2312 MIAMI SHORES FL 33138 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1983 02/27/1996 Applied For 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 59-2343448 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** Name FEINGOLD, LAURENCE 1111 LINCOLN ROAD 82 'Street Address (P.O. Box Number is Not Acceptable) SUITE 802 83 MIAMI BEACH FL 33139 84 City Zip Code 85 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, typical or prints dinance of registerud agont and title if applicable (NOTE Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition PTD DELETE ☐ Change TITLE 1.1 TITLE ROSEN, DEBRA ANN 1.2 NAME NAME 2000 TOWER SIDE TR 1609 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CiTY-ST-ZiP CHY-S1-7(P DELETE Change Addition S 2.1 TITLE TULLE ROSEN, DEBRA ANN 2.2 NAME MAME 254 S HIBISCUS DR STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZiP CITY-51-70 DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 52 NAME HAME **53 STREET ADDRESS** STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TIT: F 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADD CITY - ST - 20P 6.4 CITY-ST-

Debra Ann Rosen

14. I do hereby certify that the information supplied with this filing 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 supplemental activate people 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 24 1997 8:00am

Secretary of State