FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

DOCUMENT # **H53062** **(6)**

1. Corporation Name
A SAFFAN CHIROPRACTIC CENTER, P.A.

Principal Place of Business
% JEFFREY S. TANEN
ONE BISCAYNE TOWER, SUITE 3250
MIAMI FL 33131

Mailing Address
12406 W. DIXIE HWY
ONE BISCAYNE TOWER, SUITE 3250
N. MIAMI FL 33161
US

3. Date Incorporated or Qualified: **04/16/1985**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **59-2515555** — 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 elected to be governed by the provisions of Section 607.0832, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TANEN, JEFFREY S.
ONE BISCAYNE TOWER, SUITE 3250
MIAMI FL 33131

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 Section 607.0505 and 607.1608, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAFFAN, MICHAEL S.
STREET ADDRESS	12406 W. DIXIE HWY.
CITY, ST, ZIP	N. MIAMI FL
TITLE	D
NAME	SAFFAN, MICHAEL S.
STREET ADDRESS	12406 WEST DIXIE HIGHWAY
CITY, ST, ZIP	NORTH MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(bb), Florida Statutes. Further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Original, or an attached sheet with an address.

SIGNATURE: 4/28/95 (305)893-1168
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
MICHAEL SAFFAN

0173702 CP