

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

DOCUMENT # H53062

A SAFFAN CHIROPRACTIC CENTER, P.A.

City  Zip Code

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

305-893-1168  
Daytime Phone #

CR2E034 (10/00)