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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

A DEMORPHY PINES CHIROPPACTIC CENTER INC.

Principal Place		Mailing A						
186 S.FLAMING PEMBROKE PI	30 RD.	186 S.FLA	186 S.FLAMINGO RD. PEMBROKE PINES FL 33027-1768					
						3. Date Incorporated or Quali 05/09/1985	3a. Date of Last 04/11/1996	
	lace of Business	2a. Mailin	2a. Mailing Address			4. FEI Number	<u>}··</u>	Applied For
21	·	26				59-2740609	<del></del>	Not Applicable
Suite, Apt 22		27				5. Certificate of Status Desire	Fee	5 Additional Required
City & State	e		City & State			6. Election Campaign Financia		00 May Be
23	Country		28			Trust Fund Contribution L. Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,		
Z)p	Country	<b>├</b> ¬ '	<u>├</u> ┐		B. This corporation has liab Florida Statutes		ility for intangible tax under s. 199.032,	
24	25   29   30   9. Name and Address of Current Registered Agent					10 Name and Address of New Registered Agent		
MUE	RANSKY, HEDDY			B1	Name /	David Ome	/	
186 S.FLAMINGO RD.				82	Street Address (P.O. Box Number is Not Acceptable)			
PER INDOUGE DINITO EL GOGAZ					ļ	1643 S. 2100VE	· ·	
PEMBROKE PINES FL 33027				83	1			
					<u> </u>	40264000		30 20
11, Pursuant office or r agent. La	registered agent, ar both, i im familiar with and accer	in the State of Florida. Suc It the obligations of Soction	8, Florida Statutes, th change was auth on 607.0505, Florid	the abov orized by a Statute	e-named co y the corpo	orporation submits this statement for ration's board of directors. I hereby a	the purpose of changing accept the appointment	as registered
SIGNATURE		I rigistered agent and title if applica	MOTE BE	onislared &	ant signalure re	quired when reinstating)	DATE	
12.		ICERS AND DIRECTORS	(1012.11	13,	on agratore to	ADDITIONS/CHANGES TO		ORS IN 12
TOTLE	PD		DELETE	1.1 TITLE		PRESIDENT	∑ Chang	je Addition
NAME	Muransky, Heddy			1.2 NAME		DR. DAVID S. MUR 1443 S. 21 AVE	MNSKY PA	
STREET ADDRESS	186 S.FLAMINGO RD			1.3 STREET ADDRESS		1643 S. 21 AVE		[
C-TY - ST - ZiP	PEMBROKE PINES F	i		1.4 CITY-		HOLLYMOD, FL.	33020	
THE			☐ DELETE	2.1 TITLE			Chang	je 🔲 Addition 🖰
NAME	2.23		2.2 NAME	ļ			Į	
SEREET ADORESS				23 STREE	T ADDRESS			
CITY - ST - 7IP				2.4 CITY-	ST-2IP			
TRITL			☐ DETELE	31 TITLE			Chang	ge L Addition
NAME			ĺ	32 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			1
COY-SI-ZIP			December 1	3.4. CITY -	ST - ZIP	,		
TETLE			DELETE	4.1 TITLE				ge L. Addition
NAME				4. 2 NAME				
STHEET ADDRESS					T ADDRESS			
C/TY - ST - Z/P	ļ		Driere	4.4 CITY - :	ST-ZIP		Chang	an I Addition
गार्स			DELETE	5.1 TITLE			L.J. Chang	pe 🔲 Addition
NAME .		2.3.4	e a santa	5.2 NAME	ioni ii en lo	or Augen, or Arror Mark Arroration of the	eri, er e eg sallin et laser.	saries transación a le la 🚽
STREET ADDRESS	24.3				T ADDRESS			
CITY-SI-ZIF			DELETE	54 CUY-	\$1-2IP	THE PERSON LAND CONTRACT	☐ Chang	an I Addition
TATLE	Į.		□ 'Ntitit	61 TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		. Luanç	ge Addition

62 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

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 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 mattachment with an address.

**FILED** 

Apr 23 1997 8:00am

Secretary of State