

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

APPROVED
AND
FILED

94 JUL -6 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

1. Corporation Name RICHARD MAZLIN, D.C., P.A.	DOCUMENT # H66324 (5)
---	--------------------------

Mailing Address 6250 NW 72ND WAY PARKLAND FL 33067	Principal Place of Business 6250 NW 72ND WAY PARKLAND FL 33067
--	--

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/15/1985		3a. Date of Last Report 04/05/1993	
4. FEI Number 59-2576805		Applied For ☐ Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐		6. Election Campaign Financing Trust Fund Contribution ☐	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

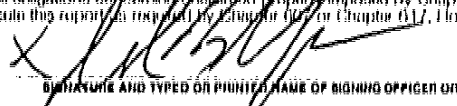
9. Name and Address of Current Registered Agent MAZLIN, RICHARD 6250 NW 72ND WAY PARKLAND FL 33067		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
---	--	---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when completing)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/V/S	1.1 TITLE	
1.2 NAME	MAZLIN, RICHARD, DC	1.2 NAME	
1.3 STREET ADDRESS	6250 NW 72ND WAY	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	PARKLAND FL	1.4 CITY - ST - ZIP	
2.1 TITLE	T/D	2.1 TITLE	
2.2 NAME	MAZLIN, RICHARD, DC	2.2 NAME	
2.3 STREET ADDRESS	6250 NW 72ND WAY	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	PARKLAND FL	2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning the filing of reports imposed by Chapter 217, Florida Statutes, that I am an officer or director of the corporation or the recipient or transferee of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  6/30/94 305-753-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR