

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H66324** (5)

1. Corporation Name
RICHARD MAZLIN, D.C., P.A.



Principal Place of Business Mailing Address
**6715 N.W. 66TH AVENUE
PARKLAND FL 33067**

3. Date Incorporated or Qualified 07/15/1985	3a. Date of Last Report 03/08/1995
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 ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21 8921 W. Atlantic Blvd. Suite, Apt., #, etc. 22 Coral Spgs, FL. City & State 23 33071 Zip 24	2a. Mailing Address 26 Suite, Apt., #, etc. 27 City & State 28 Zip 29
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 of Registered Agent (if not the registered agent, the signature of the corporation is required)

Signature of Registered Agent (if not the registered agent, the signature of the corporation is required)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PVS	☐ DELETE
NAME	MAZLIN, RICHARD, DC	
STREET ADDRESS	6715 NW 66 AVE	
CITY-STATE-ZIP	PARKLAND FL	
TITLE	TO	☐ DELETE
NAME	MAZLIN, RICHARD, DC	
STREET ADDRESS	6715 NW 66 AVE	
CITY-STATE-ZIP	PARKLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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)(k), 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 or Block 14, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (12/95)