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PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation MERF	MENT # H744 Name RILL-RINALDI CHIROPRAC	()	,		# 1007014 0411 F8014 0404	i Bibio Mbii			ali dede ereli die
Principal Place	of Business	Mailing Address	·						
% FRANCE	S J. RINALDI BCOCK ST.	% FRANCES J. R 2323 S. BABCOC MELBOURNE FL	K ST.			·····			
					3. Date Incorporated or Qu. 09/03/1985	lalified	3a. Date	of Last R 1 3/21/1	
t. Principal Place of Business Suite Apt. #, etc.		2a. Mailing Address		4. FEI Number			-``- -	Applied For	
		26	. I		59-2587874				Not Applicable
2 Suite Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desi	ired			Additional Required
City & State		City & State			6. Election Campaign Finan	ncing			O May Be
3		28			Trust Fund Contribution				d to Fees
4]	Country	Zip 29	30 Cour	ntry	8. This corporation has liabi	ility for int. X Yes		under s	199.032,
Z1	g. Name and Address of Curi				10. Name and Address of			gent	
				81 Name				<i>₹</i>	
	DI, FRANCES J.		<u> </u>	82 Street Add	lress (P.O. Box Number is Not Ac	cceptable)			
	6. BABCOCK ST. Durne Fl 32901		ŀ	83					
MELOU	JUNNE PL 32901		Į						
				84 City			FL	85 Zı	o Code
letitilität Will	othe provisions of Sections 607.05 od agent, or both, in the State of Fl n, and accept the obligations of, Se	502 and £07.1508, Florida Stat lorida Such change was autho ection 607.0505, Florida Statul	tutes, the above orized by the co tes.	ve-named corpo orporation's boa	oration submits this statement for ard of directors. I hereby accept the	the purpo he appoin	ose of char ntment as r	nging Its r egistered	agent. I am
SIGNATURE	n, and accept the obligations of, Se Structure typed or printed name of regulared a OFFICERS A	pot and triell applicable AND DIRECTORS	ies.	ve-named corpo orporation's boa Agent signature require			DATÉ		
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SIGNATURE S 12. THE SHEEL ADDRESS STYNSE ZIP	DP MERRILL, ANDRE J. 2323 S. BABCOCK ST. MELBOURNE FL DST RINALDI, FRANCES J.	port and frient agree at a ANED DIRECTORS DELETE	(NOTE: Registered / 13. 1.1 HI 1.2 NAI 1.3 SIF 1.4 CII	Agent signature require ILE ME REET ADDRESS (Y-ST-ZIP) ILE	eo when reinstating)		DATÉ ERS AND I	DIRECTO Change	PRS IN 12
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