FILE NOW: FILING FEE AFTER MAY 1ST IS \$250.00 **PROFIT** FLORIDA DEPARTMEN OF STATE CORPORATION FILED Sandra B. 🕷 **ANNUAL REPORT** Secretary of S te DIVISION OF CORP RATIONS **1998** 98 APR 22 AM 10: 15 DOCUMENT # H89981 (5) SECRETARY OF STATE TALLAHASSEE, FLORIDA THE CHIROPRACTIC CENTRE, INC. Principal Place of Business Mailing Address S FRANK P. LANZISERA % FRANK P. LANZISERA 4207 59 ST. WEST 4207 59 ST. WEST DO NOT WRITE IN THIS SPACE BRADENTON FL 34209 **BRADENTON FL 34209** 3. Date Incorporated or Qualified 12/01/1985 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 21 59-2616088 26 Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zw Country 8. This corporation owes or has paid the current year Intangible 30 ☐ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANZISERA, FRANK P. 4207 **59** ST. WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34209** 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE Lanzisera, Frank P. 1.2 NAME **72E034** NAME 1713 79TH CT., WEST STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 THILE Change Addition ROWE-LANZISERA, LISA NAME 2.2 NAME 1713 79TH CT., WEST STREET ADDRESS 2.3 STREET ADDRESS BRADENTON FL CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST- ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS
4 27 48 \$150.50 AUP. 95256021

14. Thereby 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 an attachment with an address.

GV1-754-3344