FILE NOW: FILING FEE AFTER MAY 1, [illegible] A.M.

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H97802 (3)

1. Corporation Name
OMNI CHIROPRACTIC CENTER OF NORTH DADE, INC.

Principal Place of Business
20450 W. DIXIE HWY.
N. MIAMI BEACH FL 33180

Mailing Address
14411 COMMERCE WAY, SUITE 310
MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1986
3a. Date of Last Report: 12/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite Apt. # etc. (22)
Suite Apt. # etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-2718159 — 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RACHMEL, LARRY
20450 W. DIXIE HWY.
N. MIAMI BEACH FL 33180

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 Section 607.0505 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
ROERO, DANIEL
20450 W. DIXIE HWY.
N. MIAMI BEACH FL 33180

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this report voluntarily furnished and does not apply 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, if any, is accurate and that the signature shall have the same legal effect as those made under oath that are effective by law. I further certify that the officers or directors presented to make the report as required by Chapter 607, Florida Statutes, and that the name appears in Block 1, or Block 12, or Block 13, or on the report with an address.

SIGNATURE: 4/10/95 (305) 936-8090

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Telephone #

000099 CP