

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H99423

(6)

1. Corporation Name

CHIROPRACTIC ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:22

Principal Place of Business

% EDWARD T. JOHNSON
409 E. JOHN SIMS PKWY.
NICEVILLE FL 32578-2025

Mailing Address

% EDWARD T. JOHNSON
409 E. JOHN SIMS PKWY.
NICEVILLE FL 32578-2025

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

02/14/1986

3a. Date of Last Report

03/24/1994

2. Principal Place of Business

21. Chioprac Assoc

2a. Mailing Address

26. Edward Johnson

Suite, Apt., etc.

Suite, Apt., etc.

22. 705 W John Sims Pkwy

27. 705 W. John Sims

City & State

City & State

23. Niceville Fl

28. Niceville Fl

Zip

Zip

24. 32578

29. 32578

Country

Country

25. Charles

30. Charles

9. Name and Address of Current Registered Agent

JOHNSON, EDWARD T.
409 E. JOHN SIMS PKWY.
NICEVILLE FL 32578

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 607.002 and 607.008, 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 (if applicable)

(NOTE: Registered Agent Signature required when needed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOHNSON, EDWARD T.
STREET ADDRESS 222 GOVERNMENT ST. #A
CITY-ST-ZIP NICEVILLE FL

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME ☐ Change ☐ Addition

33. STREET ADDRESS ☐ Change ☐ Addition

34. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME ☐ Change ☐ Addition

43. STREET ADDRESS ☐ Change ☐ Addition

44. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME ☐ Change ☐ Addition

53. STREET ADDRESS ☐ Change ☐ Addition

54. CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME ☐ Change ☐ Addition

63. STREET ADDRESS ☐ Change ☐ Addition

64. CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Section 607.002, 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 liquidator 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 my address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2-6-95 9104-678-80218