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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J43858**

1. Corporation Name

TOWLE CHIROPRACTIC CLINIC, P.A.

FILED
Feb 18, 1999 8:00am
Secretary of State
02-18-1999 90082 025 ***150 00

Principal Plac	ce of Business	Mailing Address					*****	
6536 STADIUM	I DR	6536 STADIUM DR						
STE. L	F1	UNIT L	*···· =					
ZEPHYRHILLS US	FL 33540	ZEPHYRHILLS FL 33540				DO NOT WRITE IN THE	SSPACE	
		US				3. Date Incorporated or Qualifed 11/24/1986		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2713018		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
City & Stat	to.	City & State				· · · · · · · · · · · · · · · · · · ·		Required
23	ie.	28				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Cou	ntrv				ed to rees
24	25	29	¬ '			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Currer	1=-1	100)	Γ		10. Name and Address of New Registered		
				81	Name			
	VLE, DANIEL P.		i		<u> </u>			
	6 STADIUM DR.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	TM L		ŀ	83				
ZEP	HYRHILLS FL 33540							
				84	City	FL	85 Z	ip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statu	tes, the at	hove-	named corr	poration submits this statement for the purpose o	f changing	its registered
office or r	registered agent, or both, in the State	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized orida Statu	l by th utes.	he corporation	on's board of directors. I hereby accept the appo	intment as	registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in Tammiar with and accept the obligation of the state of	of Florida. Such change was a titions of, Section 607.0505, Florida and title if applicable. (NOTE	outhorized orida Statu Registered	l by th utes.	he corporation	on's board of directors. I hereby accept the appo	intment as	•
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14. I hereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

87/3782268