## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # .163034

1. Corporatio	IMEN 1 # J63034 RD CHIROPRACTIC CENTER	A, INC.		A INCOME AND DURANTHER HAND GIVEN	ktéri élőki elbil előli bieki eléki itel
	·		,		
Principal Plac	ce of Business	Mailing Address			**************************************
3194 W. COMMERCIAL BLVD. C/O NICK JOVANOVICH FT. LAUDERDALE FL 33309 100 N.E. 3RD AVE. #400 FT. LAUDERDALE FL 3330		ı	DO NOT WRITE IN 1	THIS SPACE	
				03/16/1987	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2792421	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27		<b>5</b> .	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25 Z5	<b>⊢</b> '	30	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	ar Intangible ⊠es □No
24	9. Name and Address of Current		30	10. Name and Address of New Registe	
	الفريع في أن المراجع ا		81 Name		
JOV	ANOVICH, NICK	5 850°	00 0	(- (D.) D. (1)	
580 100 N.E. 3RD AVENUE SUITE 400			82 Street Add	fress (P.O. Box Number is Not Acceptable)	na taka sika sana matana basa
			83		ALSE SE LUISE LA
FOR	RT LAUDERDALE FL 33301		84 City	· · · · · · · · · · · · · · · · · · ·	制度 1 2 2 0 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
and it discuss	remarks to a first		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above-named con	poration submits this statement for the purpos	e of changing its registered
office or i	registered agent, or both, in the State o am familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized by the corporat rida Statutes.	ion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	am familiar with, and accept the obligat	of Florida. Such change was at tions of, Section 607 0505, Flor	uthorized by the corporat rida Statutes.	ion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	am familiar with, and accept the obligat	t and title if applicable. (NOTE:	rida Statutes.  Registered Agent signature requir	ed when reinstalling) , (4,25) DATI	E
agent. I a SIGNATURE 12.	am familiar with, and accept the obligat  Signature, typed or printed name of registered agent  OFFICERS ANI	t and title if applicable. (NOTE:  D DIRECTORS	rida Statutes.  Registered Agent signature requir	ed when reinstating). (2,35) DATI ADDITIONS/CHANGES TO OFFICERS	E S AND DIRECTORS IN 12
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agent. I a SIGNATURE  12.  TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DPST DRUCKER, RONALD P.	t and title if applicable. (NOTE:  D DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME	ed when reinstating). (2,35) DATI ADDITIONS/CHANGES TO OFFICERS	E S AND DIRECTORS IN 12
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agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DPST DRUCKER, RONALD P.	tions of, Section 607.0505, Flor t and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating). (2,35) DATI ADDITIONS/CHANGES TO OFFICERS	E S AND DIRECTORS IN 12 Change Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99(254)486-1923

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90018 032 \*\*\*150.00

CR2E034 (11/98)