

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J91684 (7)

1. Corporation Name

RONALD J. WELIKOFF, D.C., P.A.

Principal Place of Business

3251 HOLLYWOOD BLVD.  
STE. 466  
HOLLYWOOD FL 33021  
US

Mailing Address

3251 HOLLYWOOD BLVD.  
STE. 466  
HOLLYWOOD FL 33021  
US



3. Date Incorporated or Qualified  
09/01/1987

3a. Date of Last Report  
10/05/1995

2. Principal Place of Business

21 1171 SUNSET STRIP  
Suite, Apt. #, etc.

2a. Mailing Address

26 1171 SUNSET STRIP  
Suite, Apt. #, etc.

4. FEI Number

59-2844982

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 s. 199.032,  
Florida Statutes ☒ Yes ☐ No

22 City & State

23 SUNRISE, FL

27 City & State

28 SUNRISE, FL

24 Zip

24 33313

Country

25 USA

29 Zip

29 33313

Country

30 USA

9. Name and Address of Current Registered Agent

WELIKOFF, RONALD J  
3251 HOLLYWOOD BLVD.  
STE. 466  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name RONALD J. WELIKOFF

82 Street Address (P.O. Box Number is Not Acceptable)  
1171 SUNSET STRIP

83

84 City SUNRISE

FL

85 Zip Code  
33313

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 to reflect name of registered agent and to be applied to

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME PD  
WELIKOFF, RONALD J.  
STREET ADDRESS 8630 BANYAN PLACE  
CITY-STATE-ZIP TAMARAC FL

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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.

SIGNATURE:

Ronald J. Wellikoff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/96

Daytime Phone #

954-316-9196

CR2E034 (12/95)