

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 23 1997 8:00am
Secretary of State

DOCUMENT # K04869 (9)
1. Corporation Name
CHIROPRACTIC U.S.A., INC.



Principal Place of Business
801 N.W. 37 AVE. #201
MIAMI FL 33125

Mailing Address
801 N.W. 37 AVE. #201
MIAMI FL 33125-3882

3. Date Incorporated or Qualified
12/03/1987

3a. Date of Last Report
06/18/1996

4. FEI Number
65-0043513

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

2. Principal Place of Business
21 4138 S. W 16 Terrace
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL
Zip
24 33134 Country
25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

9. Name and Address of Current Registered Agent
MALAVENDA, EDWARD W., ESQ.
215 SPANISH COURT
BOCA RATON FL 33432

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 607.0502 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, Chapter 607, Florida Statutes.

SIGNATURE

(Print or personal name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MALAVENDA, PAUL A.	801 NW 37TH AVENUE, #201	MIAMI FL	☒
STD	MALAVENDA, GEORGE	255 CRANWOOD DR	KEY BISACAYNE FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PD	MALAVENDA, PAUL A	4138 S.W. 16 Terrace	MIAMI, FL 33134	☒	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD Malavenda

1/9/97 3054431103

Daytime Phone #

0163241

CR2E034 (9/96)