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 #
1. Corporation Name

K09477

(6)

MY CHIROPRACTOR OF PORT ORANGE, INC.

FILED Apr 23 1996 8:00 am Secretary of State

3848 (81): 848	I (200 1) 2002 01041	

Principal Place	of Business	Mailing Addre	SS							
209 DUNLAWTON AVENUE PORT ORANGE FL 32127-4407			209 DUNLAWTON AVENUE PORT ORANGE FL 32127-4407							
							3. Date Incorporated or Qualified 3a. Date of Last Report			eport
							12/29/1987	()8/07 <u>/1</u>	995
2. Principal Pla	ace of Business	2a. Mailing Ac	idress		_		4. FEI Number			Applied For
21		26					59-2869083			Not Applicable
Suite, Apt. #, etc.		⊢— `	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Required				
City & State	9	City & Sta	te				Election Campaign Financing Trust Fund Contribution			May Be
23 Zip	Country	Zip		Countr	У		8. This corporation has liability for in Florida Statutes Yes	ntang/tole tax	under s	199.032,
24	9. Name and Address of Curi	29	nt	30			10. Name and Address of New R		gent	
	9. Name and Address of Con-	Tell negistered Age		81	ī	Name		···		
WISENBORN, JENNIFER			82	2	Street Add	ddress (P.O. Box Number is Not Acceptable)				
915 BIG TREE RD S DAYTONA FL 32119					3					
O DA	TIONATE GETTO			84	4	City		FI_	85 Zı	p Code
		COD 1 COZ 1500 Fly	-ide Ctetule	2 *b2 abaya	1	amad cornor	ration submits this statement for the pur	ocea of char	noine its r	registered office
11. Pursuant	to the provisions of Sections 607.0t red-agent, or both, in the State of F	502 and 607, 1508, Fit Iorida. Such change w	ras authorize	s, the above	po po	pration's boa	rd of directors. I hereby accept the appo	ointment as i	egisterec	d agent. I am
familiar wi	ith, and accept the obligations of, S	ection 607.0505/Flori	da Statutes.					U/I	-lai	/
SIGNATURE	Junta We	Mento						7//	176	2
	Signature, typed or printed name of registered a		TCM)	E: Registered Ag	ent	signatura require	id when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
12.	V	AND DIRECTORS	DELETE	1. 1 TITLE		— Т	ADDITIONS/OFFATGES TO OFF		1 Change	Addition
TITLE	P	_	DECETE					_	, o	_
NAME	WEISENBORN, JENNIFE	:Н		1.2 NAME						
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CITY-ST-ZIP	S DAYTONA FL		DELETE	1.4 CHY		I-ZIP			7 Change	☐ Addition
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STREET ADDRESS				2 3 STRE	E1	ADDRESS				
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TITLE			DELETE	3 1 TITL	E	ļ	-42°	L	Change	☐ Addition
NAME				3.2 NAM	E					
STREET ADDRESS				3 3. STR	EET	ADDRESS				
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TITLE			DELETE	4. 1 TITL	E			[] Change	☐ Addition
NAME				4.2 NAM	IE.					
STREET ADDRESS				4.3 STRE	EET	ADDRESS				
CITY-ST-ZIP				4.4 CITY	<u>-</u> 51	T-ZiP				
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CITY-ST-ZIP				5.4 CITY	í - S	17 - ZIP	***CUU.UU			
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NAME		(22		6 2 NAN	ИĖ					ac B
1 '	.					ADDRESS			Œ	**************************************
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CITY - ST - ZIP	<u> </u>	had the Abile Office to the	1 1 1 6	04011		o not ouglifu	for the exemption stated in Section 119	OZ/3Vk) Flo	rida State	utes. I further

14. Ido 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 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:

904756-0934