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 # 1. Corporation Name

COAST CHIROPPACTIC CENT

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90136 003 ***150.00



OOM	O CHINOPHACTIC CENTE	HS, INC.					
						i (Billa (Bill Bial) biali a:	ian anan Premanan me
	Place of Business	Mailing Address				. 18118 (A) B1811 B1811 B1	(1)
7270-3 COLLEGE PKWY. FORT MYERS FL 33907 7270-3 COLLEGE P FORT MYERS FL 33907			Y. 7			sacre colt Etoti BiEil Of	an arbit bikn atki i a
		•		_	DO NOT WE	RITE IN THIS SPA	
					3. Date Incorporated or Qualifect	TE IN THIS SPAI	<u></u>
2. Principa	Place of Business	20 14-17-1			01/19/1988	•	
21		2a. Mailing Address			4. FEI Number		
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			65-0021704	}	Applied For
22		27 Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8	Not Applicable
City & S	tate	City & State			5. Certificate of Status Desired		Fee Required
23		28			6. Election Campaign Financing	-	5.00 May Be
Zip	Country	Zip	Count		Trust Fund Contribution	A	dded to Fees
24	25	29	30	ry	8. This corporation owes the curr	rent year Intangible	9
<u> </u>	9. Name and Address of Cu	rent Registered Agent	[30]		Personal Property Tax.	Σ₹√e	s DNo
L/A			8	1 Name	10. Name and Address of New F	Registered Agent	
70	ARTMAN, GREG R.		Ĺ				
, ,,, ET	70-3 COLLEGE PARKWAY MYERS FL 33907		8:	Street Add	dress (P.O. Box Number is Not Accepta		
T I.	WIERS FL 3390/		8;				
			"	7			
			84	City			Zin Code
11. Pursuan	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites the above	0.70	poration submits this statement for the goods to board of directors. I hereby accept	FL (°°)	Zip Code
agent, I	am familiar with, and accept the obli	te of Florida. Such change was a	authorized by	the corporat	poration submits this statement for the point's board of directors. I hereby accept	ourpose of changir	ng its registered
SIGNATURE			orida Statutes	i.	почения почения	. ure appointment a	as registered
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	E: Registered Age	t signature require	ed when reinstating)		
TITLE	OFFICERS /	AND DIRECTORS	13.	is signature require		DATE	
NAME	· •	☐ DELETE	DELETE 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF		
STREET ADDRESS	HARTMAN, GREGORY R.					☐ Chai	nge 🗌 Addition
	7270-3 COLLEGE PKWY.		1.3 STREET ADDRESS				1
CITY-ST-ZIP TITLE	FORT MYERS FL						1
NAME		☐ DELETE	2.1 TITLE				
STREET ADDRESS			2.2 NAME			Chan	nge
1			2.3 STREET	ADDRESS			Í
TITLE			2. 4 CITY- ST	i			
IAME		☐ DELETE	3.1 TITLE				
TREET ADDRESS			3.2 NAME			☐ Chan	ge Addition
- 1			3.3 STREET	VDDRESS (
ITY-ST-ZIP			3.4. CITY-ST				
AME		☐ DELETE	4.1 TITLE				
TREET ADDRESS			4. 2 NAME			☐ Chang	e 🗌 Addition
TY-ST-ZIP			4.3 STREET A	DORESS			j
TLE			4.4 CITY-ST-2	ſ			.]
ME		☐ DELETE	5.1 TITLE			 -	
REET ADDRESS			5.2 NAME			☐ Change	e ☐ Addition
TY-ST-ZIP			5.3 STREET AL	DORESS			ł
LE			5.4 CITY-ST-Z	IP			İ
ME		☐ DELETE	6.1 TITLE				
REET ADDRESS			6.2 NAME			☐ Change	Addition
Y-ST-ZIP			6.3 STREET AD	DRESS			ł
				1			(

4. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

941-278-3344