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 # **K26554**

1. Corporation Name

DAVID R. CHIEFA, D.C., P.A.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90187 008 ***150.00



					INNI BIBIT STATE BIBIT GEBES SAME
Principal Place	of Business	Mailing Address		Ì	
4841 VOLUNTEER RD DAVIE FL 33330		1131 NW 70TH AVE PLANTATION FL 33313		DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualifed	
				06/20/1988	
				4. FEI Number	Applied For
2. Principal Pla	ice of Business	2a. Mailing Address	and Avenue	1	Not Applicable
21		26 957 NW 93	Huenue	65-0056986	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	5. Certifcate of Status Desired	Fee Required
		27		Time O Time Singuing	\$5.00 May Be
City & State		City & State	T-1	Election Campaign Financing Trust Fund Contribution	Added to Fees
23		28 Plantation		This corporation owes the current year in	tangible
Zip	Country	Zip	Country	Personal Property Tax.	Yes □No
24	25	29 33324 30	Broward	10. Name and Address of New Registered	I Agent
	9. Name and Address of Curre	nt Registered Agent	81 Name	1 2 01 : 6	
-	-1 DAVED D		1 1	David K. Chida	
CHIEFA, DAVID R.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1131 NW 70TH AVE			_ 	NW 73" 1100000	
PLAN	ITATION FL 33313		83		
			84 City 1	actation F	85 Zip Code \$3324
]			P	JI (ICI) VI	Laboration its registered
11. Pursuant 1	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named co	imporation submits this statement for the purpose of directors. I hereby accept the app	ointment as registered
office or re	egistered agent, or both, in the Staten familiar with, and accept the oblig	e of Florida. Such change was auti- lations of, Section 607.0505, Florid	a Statutes.	West of Downs or any	
1	n farmilar with, and accept the early			DATE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature			egistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE NO.	hange Addition
TITLE	D	☐ DELETE	1.1 TITLE		
NAME	CHIEFA, DAVID R.		1.2 NAME	OFT ALL OF RD ATTEMAL	į
STREET ADDRESS	1131 NW 70TH AVE		1.3 STREET ADDRESS	957 NW 93 PD Avenue Dhontation FL 3332Y	•
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	Plantation PC 33324	Change Addition
TITLE		□ DELETE	2.1 TITLE		
NAME			2.2 NAME		· . [
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	31 TITLE		Change Character
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
\	•		3.4. CITY-ST-ZIP		Change Addition
CITY-ST-ZIP		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1		4.2 NAME		
1			4.3 STREET ADDRESS		
STREET ADDRESS	i		4.4 CITY-ST-ZIP		□ oi □ □ ā ddition
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
TMLE	\		5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	i 		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	5	☐ ØELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	,		6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	S		6.4 CITY-ST-ZIP		
I	(=		andifuthat the information

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.

SIGNATURE:

4-27-99

(954) 434 - 5700 Daving From #