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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K39776

1. Corporation Name

COURTENAY CHIROPRACTIC CENTER, P.A.

Principal Place of Business

1175 N COURTENAY PKWY
 STE 1-A
 MERRITT ISLAND FL 32953
 US

Mailing Address

1175 N COURTENAY PKWY
 STE 1-A
 MERRITT ISLAND FL 32953
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1988

4. FEI Number

59-2912103

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BAME, DON E.
4105 SAND RIDGE DR
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name

Sheldon Hoxie

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

1175 N. Courtenay #1A

83

84 City

merritt island

85

Zip Code

32953

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 or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

3/28/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME **DC BAME, DON E.**
 STREET ADDRESS **4105 SAND RIDGE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL**

1.2 NAME ☐ DELETE

1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ DELETE

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DC Sheldon Hoxie**
 1.3 STREET ADDRESS **1175 N. Courtenay**
 1.4 CITY-ST-ZIP **merritt island, FL 32953**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. SHELDON M HOXIE

Date

2/22/99

Daytime Phone #

(407) 453-2555

CR2E034 (1/98)