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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74694

(6)

GENTILE CHIROPRACTIC CENTER, INC.

FILED Feb 18 1997 8:00am Secretary of State

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- Principal Plac	e of Business	Mailing Address				 {	Die Didit dedit Aldis i	
% DR. MARK A. GENTILE 1000 STATE RD 584. SUITE 109 OLDSMAR FL 34677		% DR. MARK A. GE 1000 STATE RD 58	% DR. MARK A. GENTILE 1000 STATE RD 584. SUITE 109					
OLUSMAK PL 3	4077	OLDSMAR FL 34677	r			3. Date incorporated or Qualified 03/17/1989	3a. Date of La 04/16/199	
2. Principal P	Piace of Business	2a. Mailing Addre	ss		•	4. FEI Number		Applied For
21		26				59-2939109		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, e	etc.	•		5. Certificate of Status Desired		75 Additional
22		27				C. Collinguis of States Searce	Fe	e Required
City & Stat	e	City & State				6. Election Campaign Financing	, ,	.00 May Be
23	Carratas	28		0		Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	ded to Fees
Zip	Country	Zip	⊢	Country		8. This corporation has liability for in		ler s. 199.032,
24	25 9. Name and Address of C	29 29	30	<u>-</u> -	 	Florida Statutes 10. Name and Address of New Reg	Yes No	
CENT		nitelit tregistelen Agelit		81	Name	TO. Haine and Address of New Heg	istered Agent	
	Tile, Mark A. (Dr.) State RD 584				Hairo			
	E 109			82	Street Addi	ress (P.O. Box Number is Not Acceptabl	e)	
	E 109 SMAR FL 34677			83				
OLD	SMP41 FL 340//							
				84	City		85	Zip Code
44 Diversions	to the man is one of Continue CO	10000 and 007 4000 Elected	- 51-4 4 41				FL "	
office or r	registered agent, or both, in the	State of Florida. Such chang	a Statutes, the je was author	ne above- prized by t	named corp he corporat	poration submits this statement for the pution's board of directors. I hereby accept	urpose or change t the appointmer	ing its registered it as registered
	on familiar with and population	obligations of Spotian 607 Å	CAL FILLS			• '		
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agent. I a SIGNATURE								
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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 arthress.

SIGNATURE: