

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 # K99048 (6)

1. Corporation Name

CHIROPRACTIC CENTER OF VENICE, P.A.



Principal Place of Business

420 S. NOKOMIS AVE.
VENICE-FL 34285
US

Mailing Address

420 S. NOKOMIS AVE.
VENICE-FL 34285
US

2. Principal Place of Business

2a. Mailing Address

21 730 U.S. 41 Bypass N.

26 730 U.S. 41 Bypass N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Venice, FL

28 Venice, FL

Zip

Country

Zip

Country

24 34292

25

29 34292

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASELLA, JOHN
609 S TAMiami TrL
VENICE FL 34285

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME KANE, BRIAN E
STREET ADDRESS 420 S. NOKOMIS AVE
CITY-STATE-ZIP VENICE FL

TITLE DVT ☐ DELETE

NAME GRAF-KANE, DEBRA L
STREET ADDRESS 420 S. NOKOMIS AVE
CITY-STATE-ZIP VENICE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do 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: *Debra Graf Kane, V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 484-6877
Date Daytime Phone #

CR2E034 (12/95)