## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

(2)

DOCUMENT #
1. Corporation Name FIRST CHOICE CHIROPRACTIC CLINIC OF DAVIE, INC.

Principal Place 4691 SOUTH DAVIE FL 33	UNIVERSITY DRIVE		Mailing Address  4691 SOUTH UNIVERSITY DRIVE DAVIE FL 33328							
							3. Date Incorporated or Qualified 11/02/1989 3a. Date of Last Report 07/07/1995			
_2, Principal Pla	ace of Business	h	Mailing Address			****	4. FEI Number	-1	1,01,1	Applied For
Suite, Apt	*, etc.	26	Suite, Apt. #, etc.				65-0151137	<del></del>		Not Applicable
22		27	odite, Apr. #, etc.				5. Certificate of Status Dosired			75 Additional
City & State			City & State				6. Election Campaign Financing			e Required
23		28					Trust Fund Contribution			<b>00</b> May Be led to Fees
Ζφ <b>24</b> ]	Country		Zip	Соц	ntry		8. This corporation has liability for it	ntangible t		
24)	25 9. Name and Address of Curre	29		30			Florida Statutes	□ No		
	5, Walle and Address of Colle	ni negis	ered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
GOLDST	EIN, ELIAS					Name				
	UNIVERSITY DR				82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)	-	
4691 SOUTH UNIVERSITY DRIVE					83	··				
DAVIE F	L 33328-0817									
				I	84	City		FL		?ip Code
SIGNATURE	and accept the obligations of, Sec	tion 607.0	1506, Florida Statute	25.	o. <b>.</b>		ation submits this statement for the purp d of directors. Thereby accept the appo	intment as	registere	d agent. Lam
12.	OFFICERS AN	ID DIBLC	rors	13.			ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	DSTP COLDETEN FLAC		DELETE	1 1 11	l E				Change	
NAME STREET ADDRESS	GOLDSTEIN, ELIAS 4691 S UNIVERSITY DR			1.2 NA	Vić					
CITY-ST-ZIP	DAVIE FL			1.3 S7F	REETA	ADDRESS				
TITLE			[] DELETE			· ZIP				
NAME			D occur	2 1 JIZ					] Change	Addition
STREET ADDRESS				2.2 NAN		DORESS				
CITY - ST - ZIP				24011						
LITLE			DELETE	3 116		-21-			] Change	Addition
NAME				3.2 NAA	đέ			_	3 Change	☐ ¥00lil0i1
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ALTE			DELETE	4 1 ] ][	.F				] Change	Addition
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IAME			Cherrit	5 1 1115					] Change	Addition
TREET ADDRESS				5.2 NAM		nr.ucco				
DTY-ST-ZIP				5 3 STAE 5 4 CIFY						
ITLE			□ DELETE	6 1 Till				<del></del>	Change	[] Addding
AME				6.2 NAM				L	1 countries	Addition
TREET ADORESS				6.3 S1/K	t I A(	IDRESS				
ITY - ST - ZIP			<del></del>	GACHS	CT.	,				
oath: that La	certify that the information supplied was information indicated on this annumal an officer or director of the combined 12 or Block 13 if changed, or c			ished and or ual report is e emperiered per	es c rde d to	oat qualify for and accurate execute this	the exemption stated in Section 119 07 and that my signature shall have the sa report as required by Chapter 607, Floric	(3)(k), Flori me lega! e da Statute:	da Statut ffect as if a, and the	es. I further made under at my name

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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