

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L27128** (2)

1. Corporation Name

FIRST CHOICE CHIROPRACTIC CLINIC OF DAVIE, INC.



Principal Place of Business

**4691 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328**

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 Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSTEIN, ELIAS
4691 S UNIVERSITY DR
4691 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328-0817**

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 in previous block, or agent, and then applicable.

Name of Registered Agent, Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DSTP
GOLDSTEIN, ELIAS
4691 S UNIVERSITY DR
DAVIE FL**

☐ DELETE

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exp.

Daytime Phone #

CR2E034 (12/95)