FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

0:45

TALLAHASSEE, FLORIDA

DOCUMENT # **L27191** **(0)**

1. Corporate Name

THIRD AVENUE CHIROPRACTIC CENTER, INC.

Principal Place of Business

% DR. MARTIN J. ALPERT
300 W. SUNRISE BLVD., SUITE 7
FT. LAUDERDALE FL 33311

Mailing Address

% DR. MARTIN J. ALPERT
300 W. SUNRISE BLVD., SUITE 7
FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1989**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **65-0155765**	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. The corporation has liability for intangible tax under § 199.032 Florida Statutes: ☑ Yes ☐ No	

2. Principal Place of Business (21) (22) (23) (24) (25)

2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

ALPERT, MARTIN J. (DR.)
300 W SUNRISE BLVD, STE 7
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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 Section 607.325, and 607.1808, 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 607.325, Florida Statutes.

SIGNATURE: Dr. Martin J. Alpert, Dr. MARTIN J. ALPERT, President DATE: 4/26/95

(If changing registered agent, registered agent must sign above)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE: DP NAME: ALPERT, MARTIN J. (DR.) STREET ADDRESS: 300 W. SUNRISE BLVD. CITY-ST-ZIP: FT. LAUDERDALE FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with all other like empowered.

SIGNATURE: Dr. Martin J. Alpert, Dr. MARTIN J. ALPERT, President DATE: 4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-534-1416

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