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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

(6)

VILLE CHIROPRACTIC, P.A.

Principal Place of Business Mailing Address

1270 N WICKHAM RD

1270 N WICKHAM RD

4.000

93 SEP 17 MI 9:36



SUITE 3 Melbourn	E FL 32935	SUITE 3 MELBOURNE FL 32	935		Date incorporated or Qualified 11/29/1989	3a. Date of Last Report 01/27/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2973679	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zφ	Country		8. This corporation has liability for in	
24	9. Name and Address of Current	29 Pegistered Agent	30		Florida Statutes Yes	
	5. Hame and Address of Carrent	negistered Agent	81	Name	10. Name and Address of New Re	gistered Agent
VILLE,	CHEAN		"	Name		
	WICKHAM RD		82	Street Ac	ldress (P.O. Box Number is Not Acceptable	9)
· SUITE :			83			
	URNE FL 32935		63			
MLLDO	DINIE I L UCOU		84	City		85 Zip Code
11 Pursuant to	the provisions of Soctions 607 6500	00 X 607 1500 Fb (d- 0b)	L_I			
	ed agent, or both, in the State of Florid in, and accept the obligations of, Section			amed corp pration's bo	oration submits this statement for the purp band of directors. Thereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
SIGNATURE .	Signature, typed or printed name of registered a _{gent} a	notife Eagratuatus (Ni	OTE Begistered Agent	 Signature requ	ment where remakting	DATE.
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1 1 THLE			Change Addition
NAME	VILLE, SUSAN		1.2 NAME	Ì	VILLE, SUSAN	1 01 44 44
STREET ADDRESS	1270 N WICKHAM RD #3		1.3 STREET	ADDRESS -	2351 W. Eau Gallie Blu	186, 34€ # 4
CITY-ST-ZIP	MELBOURNE FL	······	1.4 Ch* v - S1	-21P /	Melbourne, FL 32935	
TITLE	VTD	☐ DELETE	2 TITLE			Change Addition
NAME	VILLE, ROBERT		2.2 NAME			
STREET ADDRESS	1270 N. WICKHAM RD #3		2 3 STREET	ADDRESS	2351 W. Eau Gallie	13/wl #4
CITY-ST-ZIP	MELBOURNE FL		2 4 CiTY - S1	- ZIP	Melbrusne, Fl 32935	
TITLE		☐ DELETE	3 1 TIFLE			Change Addition
NAME			3.2 NAME	•		
STREET ADDRESS			33 STREET	ADDRESS		
CITY-S1-ZIP			3.4 CITY - ST	- 21P	0000	001950010 96-018&-01Adrion 5.00 ****225.00
TITLE		DELETE	4 1 TITLE		-09/18/	95 - U Cara - DI Abdition
NAME			4.2 NAME		米米米米とど	5.00 ****225.00
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-SI-ZIP			4 4 C TY - ST	- 2 .P		
TITLE		DELETE	5 1 7 11.6			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET /	VDDRESS	r	
OTY-SY-ZIP			5 4 City - ST	- ZIP		
TILE		□ DELETE	6 1 TITLE		J. alder	Change Addition
NAME			6.2 NAME		~ 1 . A	<i>—</i>
STREET ADDRESS			63 STREET A	ODRESS	9-17	76
CITY - ST - ZIP			6.4 CITY - ST	. 7iP	1 . 4	

64 CITY-S1-7IP

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:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR