

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 # **L38786** (4)

1. Corporation Name
MICHAEL R. HAYES D.C., P.A.



Principal Place of Business

C/O MICHAEL R. HAYES
425 US HWY 27 N
LAKE PLACID FL 33852

Mailing Address

C/O MICHAEL R. HAYES
425 US HWY 27 N
LAKE PLACID FL 33852

2. Principal Place of Business

2a. Mailing Address

21 | **413 PLAZA AVE**
Suite, Apt. #, etc.

26 | **413 PLAZA AVE**
Suite, Apt. #, etc.

22 | City & State
LAKE PLACID FL

27 | City & State
LAKE PLACID FL

23 | Zip Country
33852 U.S.A

28 | Zip Country
33852 USA

9. Name and Address of Current Registered Agent

HAYES, MICHAEL R.
425 U.S. HWY 27TH N.
LAKE PLACID FL 33852

3. Date Incorporated or Qualified
01/01/1990

3a. Date of Last Report
05/01/1995

4. FET Number
59-2986158

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. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
HAYES MICHAEL R
82 Street Address (P.O. Box Number is Not Acceptable)
413 PLAZA AVE
83
84 City
LAKE PLACID FL 85 Zip Code
33852

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, type or print name of registered agent and title (if applicable)

(If the Registered Agent is a corporation, please print name and address)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYES, MICHAEL R.	
STREET ADDRESS	425 U.S. HWY 27 NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(c), 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: **MICHAEL R HAYES** *Michael R Hayes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-96 941-465-3453
Date Filing Fee #

CR2E034 (12/95)