

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L40951

1. Corporation Name

PUTNAM COUNTY CHIROPRACTIC CLINIC PA

**APPROVED
AND
FILED**

95 MAY 31 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001504042

05/02/95--01004--016

***200.00 ***200.00

Principal Place of Business

*3800 ST. JOHNS AVE
PALATKA FL 32177
US*

Mailing Address

*938 AMHERST RD NE
MASSILLON OH 44646
US*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-4-90

3a. Date of Last Report

5-1-94

4. FEI Number

59-2988272

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. 193.032

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

9. Name and Address of Current Registered Agent

*CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324*

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 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 of person in printed name of corporation agent and title of agent)

(Printed Name of Agent and Signature Required when Resigning)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

*RD
MYERS, DOUGLAS
5894 FULTON DR NW
CANTON OH*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

*ST
MYERS, DOUGLAS
5894 FULTON DR NW
CANTON OH*

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

*RD
MYERS, DOUGLAS L
938 AMHERST RD NE
MASSILLON OH 44646*

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

*ST
MYERS, DOUGLAS L
938 AMHERST RD NE
MASSILLON OH 44646*

☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ 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(1)(b), 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 an officer or director empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed agent or additional agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS L MYERS

4/27/95

Date

Signature