DOCUMENT # L40951 (0) PUTNAM COUNTY CHROPRACTIC CLINC, P.A. Image: clinicate of Business Maing Address Stot of des Are. Stot of des Are. Stot of des Are. Putnam County Chroppen Counting Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Stot of des Are. Sto	F COR ANNL	PROFIT PROFIT PORATION JAL REPORT 1998		FLO	ORIDA DEPA Sandra I	B. Morthan ary of State	STATE	Apr 15 19 Secreta		
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gt gt gt gt gt No No • 9. Nome and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent No 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 51 Name 52 Street Address (P.O. Box Number is Not Acceptable) 80 64 City FL 55 Zip Code 64 City FL 55 Zip Code 64 City FL 55 Zip Code 66 registered agent, or both, in the State of Florida Statutes, the above named corporation board of directors. I hereby accept the appointent as registered agent, or both, in the State of Florida Statutes, the above named corporation board of directors. I hereby accept the appointent as registered agent, or both, in the State of Florida Statutes, the above named corporation board of directors. I hereby accept the appointent as registered agent, or both, and board approximation board of directors. I hereby accept the appointent as registered agent, or both, and board approximation board of directors. I hereby accept the appointent as a registered agent, or both, and board approximation as a registered agent, or both, and board approximation as registered agent, or board addition. I hereby accept the obligations of Section 600.6000. Florida Statutes. Street Address (P.O. Diverses Address approximatespretend where approxim approximates approxim approxima		Cour	itry			Country	y			
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4. I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental ennual report is up and accurate and that my signature shall have the same legal affect as it made under ceth; that i am an officer or director of the corporation or the reference 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 appointent with an other same dore and that my signature shall have the same degal affect as it made under ceth; that i am an officer or director of the corporation or the reference or travers or the same degal affect as it made under ceth; that i am an Block 12 or Block 13 if changed, or on an appointent with an other same degal of the same domain of the corporation of the corporatin of the corporation of the corporation of the	PLA	o the provisions of Se poistered agent, or bo in familiar with, and ac Signature, hyped or printed ne PD MYERS, DOUGL 938 AMHERST R MASSILLON OH ST MYERS, DOUGL 938 AMHERST R	4 actions 607.0502 bh, in the State o ccept the obligation of repetered agent OFFICERS AND OFFICERS AND AS ROAD NE 44646 AS L. ROAD NE	Inf Fiorida Such	Change was 607.0505, Fr DELETE DELETE DELETE DELETE	B3 B4 tes, the abov authorized b torida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.4 CITY- 5.1 TITLE 5.4 CITY- 5.1 TITLE 5.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.1 TITLE 5.4 CITY- 5.4 CI	City e-named cor y the corpora s. ent algoriture requined t ADORESS ST-ZIP T ADORESS ST-ZIP T ADORESS ST-ZIP T ADORESS ST-ZIP T ADORESS ST-ZIP	poration submits this statement for the tion's board of directors. I hereby acce	FL 85 purpose of chang purpose of chang DATE CERS AND DIRE CERS AND DIRE C Chang Chang	ing its registered as registered CTORS IN 12 ange Addition ange Addition ange Addition ange Addition