

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

REGISTRATION
ANNUAL REPORT
1995



FLORIDA BOARD OF CHIROPRACTIC PHYSICIANS
1000 N. W. 15th Avenue
Ft. Lauderdale, FL 33304
(305) 462-1000

DOCUMENT # L48176

(6)

CROTON CHIROPRACTIC CLINIC, P.A.

APR 30 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C/O THOMAS F. FRAUENHOFER
2025 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

C/O THOMAS F. FRAUENHOFER
2025 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

3. Date of expiration of registration	3a. Date of first fees at
02/02/1990	04/28/1994
4. License Number	Applied For Not Applicable
59-2985707	
5. Contribution of Funds (United)	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution	\$5.00 May Be Added to Fees
7. Financial Status	☒ Yes ☐ No
8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

2. Name and Address of Current Registered Agent	2a. Name and Address
21. Name and Address of Current Registered Agent	26. Name and Address
22. Name and Address of Current Registered Agent	27. Name and Address
23. Name and Address of Current Registered Agent	28. Name and Address
24. Name and Address of Current Registered Agent	29. Name and Address
25. Name and Address of Current Registered Agent	30. Name and Address

FRAUENHOFER, THOMAS F.
2025 W. EAU GALLIE BLVD
MELBOURNE FL 32935

81. Name	85. Date
82. Street Address	
83. City	
84. State	FL

11. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly licensed chiropractor in the State of Florida. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or disciplinary action by the Board of Chiropractic Physicians.

12. Name and Address of Current Registered Agent	13. Name and Address of New Registered Agent
D FRAUENHOFER, THOMAS F. 2025 W. EAU GALLIE BLVD. MELBOURNE FL	

14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly licensed chiropractor in the State of Florida. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or disciplinary action by the Board of Chiropractic Physicians.

SIGNATURE: *Thomas F. Frauenhofer* Thomas F. Frauenhofer April 30, 1995 (405) 254-1509

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Governor, Florida
Tallahassee, Florida 32399-0001

DOCUMENT # L49877

(8)

1. Corporation Name

PUBLIC ADJUSTMENT BUREAU, INC.

2. Principal Office Address

2950 FLORIDA BLVD.
DELRAY BCH. FL 33483

3. Mailing Office Address

2950 FLORIDA BLVD.
DELRAY BCH. FL 33483

3. Date of Incorporation
02/14/1990

3a. Date of First Report
05/01/1994

2. Principal Office Address
21 947 Hyacinth

2a. Mailing Office Address
26 947 Hyacinth

4. FIC Number
65-0148187

Applied For
Not Applicable

22 Delray Beach FL

27 Delray Beach FL

5. Number of Officers (Persons)
\$8.75 Additional Fee Required

6. Does the Corporation Maintain
Trust Fund Contribution
\$5.00 May Be Added to Fees

24 33483 25 USA

29 33483 30 USA

8. Does the Corporation Maintain
Financial Records
Yes ☒ No ☐

9. Name and Address of Current Registered Agent

MALLOY, SUSAN A
2950 FLORIDA BLVD.
DELRAY BCH. FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number or R.F.D. Number)

947 Hyacinth

83

84 Delray Beach

FL 85 33483

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

12. Name and Address of Current Registered Agent
PST
MALLOY, SUSAN A.
2950 FLORIDA BLVD.
DELRAY BEACH FL 33483

13. ADDITIONAL NAMES OF OFFICERS AND DIRECTORS

NAME
ADDRESS
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STATE
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14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

SIGNATURE: *Susan A. Malloy*
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4/19/95 407-697-1248
Date Date