

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L48176 (6)

1. Corporation Name

CROTON CHIROPRACTIC CLINIC, P.A.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
02/02/1990

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

4. FEI Number

59-2985707

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 199.032,
Florida Statutes ☐ Yes ☐ No

same as last year

2. Principal Place of Business

2a. Mailing Address

21 *same as above*

Suite, Apt. #, etc.

22 *1 1 1 1 1*

City & State

23 *1 1 1 1 1*

Zip

Country

24 *1 1 1 1 1*

Country

25 *1 1 1 1 1*

26 *1 1 1 1 1*

27 *1 1 1 1 1*

28 *1 1 1 1 1*

29 *1 1 1 1 1*

30 *1 1 1 1 1*

9. Name and Address of Current Registered Agent

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

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, type or printed name of registered agent and title if applicable

NOTE: Registered Agent's signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
FRAUENHOFER, THOMAS F.
2025 W. EAU GALIE BLVD.
MELBOURNE FL**

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 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(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:

Thomas F. Frauenhofer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (407) 259-1509

Date

Daytime Phone #

CR2E034 (12/95)