

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 # L56696 (2)

1. Corporation Name

ALTERS CHIROPRACTIC & NATURAL HEALTH CENTERS, IN
C.



Principal Place of Business

1615 COLONIAL BLVD
FT MYERS FL 33907

Mailing Address

1615 COLONIAL BLVD
FT MYERS FL 33907

2. Principal Place of Business

2a. Mailing Address

21 33 BARKLEY CIRCLE 26 33 BARKLEY CIRCLE

22 Suite Apt. #, etc.

27 Suite Apt. #, etc.

23 A

27 A

23 FT. MYERS FL.

28 FT. MYERS FL.

24 33907 25 LEE

29 33907 30 LEE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/13/1990

3a. Date of Last Report
03/28/1995

4. FEI Number
65-0177010

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

10. Name and Address of New Registered Agent

ALTERS, BERNARD

~~1615 COLONIAL BLVD~~ 33 BARKLEY CIRCLE, STE A
FT MYERS FL 33907

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, typed or printed name of registered agent and agent acceptable

(NOTE: Registered Agent signature required when registering)

1/22/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ALTERS, BERNARD
STREET ADDRESS 1398 LANDMARK CT.
CITY-ST-ZIP FT MYERS FL 33919

TITLE D ☐ DELETE

NAME ALTERS, KIMBERLY S.
STREET ADDRESS 1398 LANDMARK CT.
CITY-ST-ZIP FT MYERS FL 33919

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 94499-7645

CR2E034 (12/95)