

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L85105** (9)  
1. Corporation Name  
**NATIONAL INSTITUTE OF CRANIOSACRAL STUDIES, INC.**



Principal Place of Business  
**7827 N ARMENIA AVE  
210 W COUNTRY CLUB DR  
TAMPA FL 33604**

Mailing Address  
**7827 N ARMENIA AVE  
210 W COUNTRY CLUB DR  
TAMPA FL 33604-3806**

3. Date Incorporated or Qualified  
**06/29/1990**

3a. Date of Last Report  
**04/29/1996**

4. FEI Number  
**59-3086228**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**ANN H. MATTHIESSEN  
612 POINSETTIA AVE  
ELLENTON FL 34222**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HANCOCK, G.D. DC</b>                   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>210 W COUNTRY CLUB DR</b>              | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>TAMPA FL</b>                           | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BARBER, FLORENCE E.</b>                | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1901 BRINSON ROAD SUITE 37</b>         | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LUTZ FL</b>                            | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MATTHIESSEN, ANN H.</b>                | 3.2 NAME  |   |
| STREET ADDRESS             | <b>612 POINSETTIA AVENUE</b>              | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>ELLENTON FL</b>                        | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing 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 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:

**ANN H. MATTHIESSEN**  
*Ann H. Matthiesen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/97 941-722-6465**  
Date Daytime Phone #

CR2E034 (9/96)