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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L93415

MARLIN OHIROPRACTIC, INC.

(2)

## **FILED** May 11 1998 8:00am Secretary of State



2. Principal P 21 Suite, Apt. 22 City & Stat	1 DIXIE HIGHWAY 156 Place of Business #, etc.	Mailing Address 11921 SOUTH DIXIE HIG MIAMI FL 33156  2a. Mailing Address 2b Suite, Apt. #, etc. 27 City & State	11921 SOUTH DIXIE HIGHWAY MIAMI FL 33156  2a. Mailing Address 26 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  08/13/1990  4. FEI Number  65-0224047  5. Certificate of Status Desired  6. Election Campaign Financing  \$5.00 May Be	
Zip Country		<b>Z</b> (p)			Trust Fund Contribution      This corporation owes or has paid the	Added to Fees
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent
MARLIN, KEVIN 11921 SOUTH DIXIE HIGHWAY SUITE 205 MIAMI FL 33156				Name Street Ac	ress (P.O. Box Number is Not Acceptable)	
11/1/16						
			8	],	F	
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 print or name of trajectors agent and him if applicable.  (NOTE Registered Agent agentation or provided when reinstating)  DATE						
12.	Signature, typed or prioritioname of registered as CELECTION AN	ID DIRECTORS (NO	If . Registered A	agent signature re-	guid when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	1 %
TITLE	Ď	DELETE	1,1 1ff L6	-	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	MARLIN, KEVIN	□ Milit	1.2 NAM			C cuede C vocition 14
STREET ADDRESS	11921 S. DIXIE HIGHWAY			ET ADDRESS		[8]
CITY-ST-ZIP	SHADAL PL		1.4 City			ļ u
TITLE		DELETE 2.1 TO				Change Addition
NAME			2.2 NAMi	E		
STREET ADDRESS			1 ′	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY	'-S1-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAM	Ε		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CI1Y	- S1 - ZIP		
TITLE		L_] DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4 2 NAM	ΙĒ		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
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TITLE		DELETE 5.1 Y				Change Addition
NAME			5.2 NAME	- 1		
STREET ADDRESS			5.3 STRE	E1 ADDRESS		
CITY-ST-ZIP		Drusse	5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	- 1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	<del></del>	··. ······	64 CITY-	-ST-ZIP		

I 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 suppliemental 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.

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