

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

95 MAY -1 PM 1:55

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **M19480** (6)

1. Corporation Name
DR. ANDREW I. CAINE, D.C., P.A.

Principal Place of Business: **1481 S MILITARY TRAIL W PALM BCH FL 33415 US**
Mailing Address: **1481 S MILITARY TRAIL W PALM BCH FL 33415 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1985	3a. Date of Last Report 04/28/1994
4. FTT Number 59-2576967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.037, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAINE, ANDREW I. 1481 S MILITARY TRAIL W PALM BCH FL 33415				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 the terms of 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
FILE	PS	FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAINE, ANDREW I.	NAME	
STREET ADDRESS	1481 S MILITARY TRAIL #9	STREET ADDRESS	
CITY, ST., ZIP	W PALM BCH FL	CITY, ST., ZIP	
FILE	V.P. / T	FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAINE, Hortensia	NAME	
STREET ADDRESS	1481 S Military Trail #9	STREET ADDRESS	
CITY, ST., ZIP	West Palm Beach, FL 33415	CITY, ST., ZIP	
FILE		FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST., ZIP		CITY, ST., ZIP	
FILE		FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST., ZIP		CITY, ST., ZIP	
FILE		FILE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST., ZIP		CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this change is accurate, complete and of the best quality for the information stated in Sections 607.0502 (b)(4) Florida Statutes. I further certify that the information listed on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under penalty that I am an officer or director of the corporation and my name appears on the certificate of incorporation or articles of incorporation as required by Chapter 607, Florida Statutes, and that my name appears on Block 13 of this report. I am an officer or director of the corporation.

SIGNATURE: Andrew I. Caine 11/29/95 407-642-0900