

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90008 011 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M67773

1. Corporation Name

JOHNSON & JOHNSON CHIROPRACTIC CENTER, P.A.

Principal Place of Business

% MICHAEL JOHNSON
200 CENTRAL BLVD.
JUPITER FL 33458

Mailing Address

% MICHAEL JOHNSON
200 CENTRAL BLVD.
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1988

4. FEI Number

65-0047706

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 owes the current year
Intangible Personal Property.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

JOHNSON, MICHAEL
200 CENTRAL BLVD
JUPITER FL 33458

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME JOHNSON, MICHAEL
STREET ADDRESS 200 CENTRAL BLVD.
CITY-ST-ZIP JUPITER FL

TITLE D ☐ DELETE

NAME OLIVERI, CHARLES
STREET ADDRESS 200 CENTRAL BLVD.
CITY-ST-ZIP JUPITER FL

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 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:

Signature

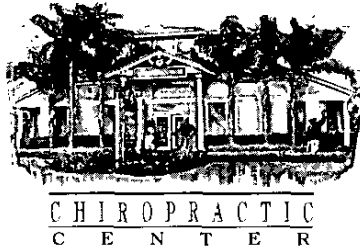
7/2/99

561-747-7707

CR2E034 (5/99)

587133-90008-11
M67773

JOHNSON & OLIVERI



July 2, 1999

Florida Department of State
Annual Reports Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Johnson & Johnson Chiropractic Center, P.A.
FEI #: 65-0047706

To Whom It May Concern:

Please be informed we received the second notice with the additional late filing fee. I had my staff call the office at 850-488-9000 and speak with a gentleman named Andy. We explained to him that we never received the original notice for the \$150.00 fee. He stated that we should send the \$150.00 check to the address above explaining that we did not receive the initial package and that we would not be penalized the late fee.

If you should have any questions, please do not hesitate to contact this office at (561) 747-7707. Thank you in advance for your help in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'C. Oliveri'.

Charles Oliveri, D.C.
CO/ds

