

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 4:12

DOCUMENT # M70781

(3)

1. Corporation Name

MCKNIGHT CHIROPRACTIC CLINIC, P.A.

Principal Place of Business

**% TERRY L. MCKNIGHT
36310 US 19 N
PALM HARBOR FL 34684**

Mailing Address

**% TERRY L. MCKNIGHT
36310 US 19 N
PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/26/1988

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2878530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKNIGHT, TERRY L.
36310 U.S. 19 N
PALM HARBOR FL 34684**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 this application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**D
MCKNIGHT, TERRY L.
36310 U.S. 19 N
PALM HARBOR FL**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY ST ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY ST ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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:

Terry L. McKnight

Terry L. McKnight

3/14/95 813-942-4270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number