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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M85790 (7)

1. Corporation Name

COOPER CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTIC
CENTER, P.A.

Principal Place of Business

C/O STANTON T. COOPER, D.C.
4917 COUNTY ROAD 54
NEW PORT RICHEY FL 34652

Mailing Address

4917 STATE RD 54
4917 COUNTY ROAD 54
NEW PORT RICHEY FL 34652
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/16/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2895599

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COOPER, STANTON T.
COOPER CHIROPRACTIC CLINIC
4917 COUNTY ROAD 54
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

82

Street (Box Number is Not Acceptable)

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly qualified officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished herein is true and correct, and I accept the obligations of Section 607.0505, Florida Statutes, to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with this address.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
COOPER, STANTON T.
4917 STATE ROAD 54
NEW PT. RICHEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily and accurately prepared 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 liquidator of the corporation; and that I am not qualified for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement is true and correct, and I accept the obligations of Section 607.0505, Florida Statutes, to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number #