

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M97430** (6)
1. Corporation Name
WAKEMAN CHIROPRACTIC HEALTH CARE CENTER, INC.

Principal Place of Business Mailing Address
C/O PETER WAKEMAN **C/O PETER WAKEMAN**
1050 W GRANADA BLVD. SUITE 3 **1050 W GRANADA BLVD. SUITE 3**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/26/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2908788** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent
WAKEMAN, PETER
234 S HALIFAX DR
ORMOND BEACH FL 32176
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 the applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P 1.1 TITLE ☐ Change ☐ Addition
NAME **WAKEMAN, PETER J. DR.** 1.2 NAME
STREET ADDRESS **234 S HALIFAX DR** 1.3 STREET ADDRESS
CITY - ST - ZIP **ORMOND BEACH FL** 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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: **P. J. WAKEMAN** 2/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR