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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

M97430

(6)

WAKEMAN CHIROPRACTIC HEALTH CARE CENTER, INC.

City & State    City   City   Country   City   Country   Country   City   City	ĺ					
1000 W GRAMADO BLACH FL 32174   1000 W GRAMADO BLACH FL 32174   3. Date incorporation of Quarified   3a. Date incorporation of Quarified   3b. Date of Colored   3c. Date incorporation of Quarified   3c. Date incorporatio	Principal Place	of Business	Mailing Address	···		()
2. Principal Pause of Businesse	1050 W GRANADA BLVD. SUITE 3 1050 W GRANADA BL			BLVD. SUITE 3		
2.   Multiple Process   2.   Multiple Andrews   3.   E. Principal   Suppose   1.   Applied For   1.   Suppose					-	1
Substraction   Subs		ice of Business	F-7		4. FEI Number	· · · · · · · · · · · · · · · · · · ·
27	<del></del>	t elc			59-2908788	Not Applicable
20	22		27		5. Certificate of Status Desired	
Secretary   Secr	23		<b>├</b> ─¬ 1		_	
S. Name and Address of Current Registered Agent	Zip <b>24</b>	<del>                                     </del>	<u></u>			itangible tax under s. 199,032.
WAKEMAN, PETER 234 S HAUFAX DR ORMOND BEACH FL 32176  11. Present to the processes of Sections COZ (250) and EOZ 1508 Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent.   am and accept the obligations of Section 2027 (250) and EOZ 1508.   Both of Statutes, the above named corporation submits this statement for the purpose of changing its registered agent.   am and accept the obligations of Section 2027 (250) and EOZ 1508.   Both of Statutes, the above named corporation submits this statement for the purpose of changing its registered agent.   am and accept the obligations of Section 2027 (250).   Both of Statutes, the above named corporations is hardly accept the appointment as registered agent.   am and accept the obligations of Section 2027 (250).   Both of Statutes, the above named corporations is hardly accept the appointment as registered agent.   am and accept the obligation of Section 2027 (250).   Both of Statutes, the above named corporations is hardly accept the appointment as registered agent.   am and accept the obligation of Section 2027 (250).   Both of Statutes, the above named corporation is statute that the purpose of changing is registered agent.   am and accept the obligation of Section 2027 (250).   Both of Statutes, the above named advantages to observe agent and accept the obligation of Section 2027 (250).   Both of Statutes, the above named accept the obligation of Section 2027 (250).   Both of Sections   Both of Secti		9. Name and Address of Current		_1001	. 1	
234 S HALIFAX DR ORMOND BEACH FL 32176  11. Pursuant to the provisions of Sections 007 0502 and 007 1509. Florida Statutes the absence named components and accept the designation of Section 007 0507 and 007 1509. Florida Statutes the absence named components administ this statement for the purpose of changing its registered office familiar with and accept the designation of Section 007 0507 and 007 1509. Florida Statutes and acceptance obligations of Section 007 0507 and 007 1509. Florida Statutes and acceptance obligations of Section 007 0500 florida Statutes and acceptance obligations of Section 007 0500 florida Statutes.  SIGNATURE  SPURE Application of Section 007 0500 florida Statutes.  SIGNATURE  SPURE Application of Section 007 0500 florida Statutes.  12.	! !			81 Name		gistered Agent
234 S HALIFAX DR ORMOND BEACH FL 32176  11. Pursuant to the provisions of Sections 007 0502 and 007 1509. Florida Statutes the absence named components and accept the designation of Section 007 0507 and 007 1509. Florida Statutes the absence named components administ this statement for the purpose of changing its registered office familiar with and accept the designation of Section 007 0507 and 007 1509. Florida Statutes and acceptance obligations of Section 007 0507 and 007 1509. Florida Statutes and acceptance obligations of Section 007 0500 florida Statutes and acceptance obligations of Section 007 0500 florida Statutes.  SIGNATURE  SPURE Application of Section 007 0500 florida Statutes.  SIGNATURE  SPURE Application of Section 007 0500 florida Statutes.  12.	WAKE	MAN. PETER		00 0		
STATE   PUTE   PROBLEM					dress (P.O. Box Number is Not Acceptable igh Ridge Rd	e),
11. Pursuant to the provisions of Sections 607.050P and 807.1508 Priorital Statutes, the above harned corporation submits this statement for the purpose of changing his registered agent, or both, in the State of Eurida Statutes, the above harned corporation submits this statement for the purpose of changing his registered depart. I am registered agent, or both, in the State of Eurida Statutes, the above harned corporation submits the statement for the purpose of changing his registered depart. I am registered agent. I am statement to the purpose of changing his registered agent. I am statement of the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of change in the purpose of changing his registered agent. I am statement to the purpose of change in the composition of the change in the composition of the change in the changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statement to the purpose of changing his registered agent. I am statem	ORMO	ND BEACH FL 32176				
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SIGNATURE    12				i i Hol	lv Hill	85 Zip Code
SIGNATURE	11. Pursuant to or registere familiar with	of the provisions of Sections 607,0502 and agent, or both, in the State of Floridan and accept the obligations of Sections	and 607.1508. Florida Statut 3. Sur≥n change was authoria n 607.0505. Hogist, Statut	es, the above named corpo		
12		of Congress of Con	11 097.0000, Florida Statute.	<b>)</b> .		
Title	S			THE People formal Ago it sign to no respit	red where realistatings	DATE
NAME WAKEMAN, PETER J. DR.  234 S HALIFAX DR ORMOND BEACH FL  DELETE  22 NAME  22 NAME  32 SIRRET ADDRESS  CITY-ST-ZIP  DELETE  31 THEE  AME  STREET ADDRESS  CITY-ST-ZIP  DELETE  31 THEE  ADDRESS  CITY-ST-ZIP  DELETE  32 NAME  32 NAME  32 NAME  32 NAME  32 NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  THEE  ALIFE ADDRESS  CITY-ST-ZIP  THEE  DELETE  41 THEE  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  THEE  DELETE  43 THEE  ADDRESS  CITY-ST-ZIP  THEE  DELETE  44 THEE  45 THEE  ADDRESS  CITY-ST-ZIP  THEE  DELETE  51 THEE  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  THEE  CTANGES  CITY-ST-ZIP  THEE  DELETE  54 STREET ADDRESS  CITY-ST-ZIP  THEE  DELETE  54 CTRING  54 CTRING  54 CTRING  54 CTRING  54 CTRING  55 SAREH ADDRESS  CITY-ST-ZIP  THEE  CTRING  CTRING  CTRING  CTRING  Addition  Addition  Addition  Addition  Addition  CTRING  CTRING  CTRING  Addition  Addition  Addition  CTRING  CTRING  CTRING  ADDRESS  CITY-ST-ZIP  THEE  CTRING  CTRING  CTRING  ADDRESS  CITY-ST-ZIP  THEE  CTRING  CTRING  CTRING  ADDRESS  CITY-ST-ZIP  CTRING  CTRING  CTRING  ADDRESS  CITY-ST-ZIP  CTRING  CTRING  CTRING  ADDRESS  CITY-ST-ZIP  CTRING  CTRING  ADDRESS  CITY-ST-ZIP  CTRING  ADDRESS  CTRY-ST-ZIP  CTRING  ADDRESS  CTRY-ST-ZIP  CTRING  ADDRESS  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  CTRING  ADDRESS  CTRY-ST-ZIP  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  ADDRESC  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  ADDRESS  CTRY-ST-ZIP  ADDRE				13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
13 STREET ADDRESS   234 S HALIFAX DR	!		☐ DELETE	1 1 TITLE		Change Addition
DRIVER   D				1.2 N4ME		
				1.3 STREET ADDRESS   5	50 High Ridge Rd	
DELETE   Change   Addition		OHMOND BEACH FL		1.4 CITY - \$1 - ZIP   ]	1011y Hill, FL 321	17
STREET ADDRESS   23 STREET ADDRESS   24 CITY - \$1 - 2/P	!		DITTE	2 1 TILLE		
CITY_ST-ZIP				2.2 NAME		
DELETE   DELETE   3.1 THE	[					
NAME			——————————————————————————————————————			
STREET ADDRESS   33 STREET ADDRESS   CHY-ST-ZIP	1			i		Change Addition
STREET ADDRESS   STRE	,			<b>I</b>	•	
DELETE						
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64 C(TY - S1 - A)P	STREET ADDRESS					
	CITY - ST - ZIP					

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/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 appears in Brock 12 or Block 3 if changed for an available member of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 or Block 3 if changed for an available member of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 or Block 3 if a supplementary of the control o

SIGNATURE:X

7 3/13/96 904-673-0201