

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00869 (0)

1. Corporation Name

COUNCIL ON ORTHOPEDICS OF THE FLORIDA CHIROPRACTIC ASSOCIATION, INC.

Principal Place of Business

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY FL 34691-3996

Mailing Address

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY FL 34691-3996



3. Date Incorporated or Qualified
01/10/1984

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2355846

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDING, DR. RANDOLPH C.
2326 US HIGHWAY 19
HOLIDAY FL 34691-0996

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CLARK, BYRON
STREET ADDRESS 1442 WEST BUSCH BLVD.
CITY-ST-ZIP TAMPA FL ☒ DELETE

1.1 TITLE TERI ARIAS DC ☒ Change ☐ Addition
1.2 NAME 2610 - W. Hillsborough Ave
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP TAMPA FL 33614

TITLE VD
NAME SMITH, HAROLD
STREET ADDRESS 6611 RAMONA BLVD.
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

2.1 TITLE BYRON CLARK DC ☒ Change ☐ Addition
2.2 NAME 2610 - W. Hillsborough Ave
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP TAMPA FL 33614

TITLE STD
NAME HARDING, DR. RANDOLPH C.
STREET ADDRESS 2326 US HWY 19
CITY-ST-ZIP HOLIDAY FL ☐ DELETE

3.1 TITLE ~~RANDOLPH HARDING DC~~ ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Sme
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE:

Randolph C. Harding Sec 1/20 1/30/96 (813) 937-4191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)