

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N32520** (1)

1. Corporation Name

CHIROPRACTIC CARES, INC.



Principal Place of Business

Mailing Address

10700 CARIBBEAN BLVD.
#1
MIAMI FL 33189
US

10700 CARIBBEAN BLVD.
#1
MIAMI FL 33189
US

3. Date Incorporated or Qualified

05/25/1989

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 11400 N Kendall DR

26 11400 N Kendall DR

4. FEI Number

65-0145759

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #100

27 #100

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Miami Florida

28 Miami Florida

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33176

25 Dade US

29 33176

30 Dade US

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

SCOTT, RONALD W. DR
10700 CARIBBEAN BLVD. PH #1
MIAMI FL 33189

81 Name

PROSAN, Scott DR

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

11400 N Kendall DR

83

84 City

Miami

FL

85 Zip Code

33176

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]

4/7/96

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 PROSAN, SCOTT DR.
STREET ADDRESS 11400 N. KENDALL DR
CITY-ST-ZIP MIAMI FL ☐ DELETE

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

TITLE SD
NAME BAGNELL, MIKE DR.
STREET ADDRESS 1544 VENEIRA
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

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

TITLE TD
NAME SCOTT, RONALD W.
STREET ADDRESS 10700 CARIBBEAN BLVD
CITY-ST-ZIP MIAMI FL ☒ DELETE

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

TITLE D
NAME DAES, ERICK DR.
STREET ADDRESS 8905 SW 87 AVE.
CITY-ST-ZIP MIAMI FL ☐ DELETE

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

TITLE D
NAME GRUSKY, ELLIOTT C.
STREET ADDRESS 11400 N KENDALL DR
CITY-ST-ZIP MIAMI FL ☐ DELETE

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96

305 253-2161

Date

Daytime Phone #

CR2E037 (3/96)