SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -2 PM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34285** **(9)**

1. Corporation Name

FLORIDA ACADEMY OF CHIROPRACTIC, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O RICHARD D. MARKLAND D.C. 111 E SLIGH AVE TAMPA FL 33604	C/O RICHARD D. MARKLAND D.C. 111 E SLIGH AVE TAMPA FL 33604

3. Date Incorporated or Qualified: 09/19/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2997902 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 C/O M.J. Bartell, D.C.	26 C/O M.J. Bartell, D.C.
Suite, Apt. #, etc. 22 57 W. Hillsboro Blvd.	Suite, Apt. #, etc. 27 57 W. Hillsboro Blvd.
City & State 23 Deerfield Bch., FL	City & State 28 Deerfield Bch., FL
Zip / Country 24 33441 / 25 USA	Zip / Country 29 33441 / 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **FILING FEE IS $61.25**
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
MARKLAND, RICHARD D.D.C. 111 E SLIGH AVE TAMPA FL 33604	81 Name: M.J. Bartell, D.C. 82 Street Address (P.O. Box Number is Not Acceptable): 57 W. Hillsboro Blvd. 83 84 City: Deerfield Beach, FL 85 Zip Code: 33441

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: M.J. Bartell D.C. M.J. BARTELL, D.C. — 7/21/95
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	11 TITLE	PD	XX Change ☐ Addition
NAME	BRAILE, BOB	12 NAME	BURNS, BRIAN	
STREET ADDRESS	839 BARTON BLVD	13 STREET ADDRESS	6510 ARMENIA AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	FOGARTY, KEVEN	22 NAME		
STREET ADDRESS	5275 CURRY FORD ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TD	XX Change ☐ Addition
NAME	MARKLAND, RICHARD D.	32 NAME	BARTELL, M.J.	
STREET ADDRESS	111 E SLIGH AVE	33 STREET ADDRESS	57 W. HILLSBORO BLVD.	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	SD	41 TITLE	SD	XX Change ☐ Addition
NAME	PETRIE, MICHAEL F.	42 NAME	RUBINSTEIN, HENRY	
STREET ADDRESS	410 N.E. 44TH ST	43 STREET ADDRESS	9848 E. FERN STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PRESTON, LAWRENCE	52 NAME		
STREET ADDRESS	419 NE 36TH AVE	53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE	VD	XX Change ☐ Addition
NAME	ABECKJERR, DANIEL	62 NAME	PETRIE, MICHAEL	
STREET ADDRESS	177 NE 167TH ST	63 STREET ADDRESS	410 N.E. 44 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL	64 CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	

CR2E037 (3/95)

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)(i), 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: M.J. Bartell D.C. M.J. BARTELL D.C. — 7/21/95 — 305/426-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012712