

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90046 028 ***150.00

DOCUMENT # P04000027448

1. Entity Name

AWARE HEALTH CHIROPRACTIC CLINIC, INC.



Principal Place of Business

502 NW 16TH AVE
SUITE #4
GAINESVILLE FL 32601

Mailing Address

502 NW 16TH AVE
SUITE #4
GAINESVILLE FL 32601

00004147



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

32-0107404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEPPERBERG, CATHERINE C
1425 NW 6TH STREET
GAINESVILLE FL 32601

Name

TEPPERBERG, CATHERINE C.

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

502 NW 16th Ave, Suite 4

City

GAINESVILLE

FL

Zip Code

32601

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME TEPPERBERG, CATHERINE C
STREET ADDRESS 1425 NW 6TH STREET
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete

TITLE VPT
NAME TEPPERBERG, PHILLIP S
STREET ADDRESS 1425 NW 6TH STREET
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 502 NW 16th Ave, Suite 4
CITY-ST-ZIP GAINESVILLE, FL 32601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 502 NW 16th Ave, Suite 4
CITY-ST-ZIP GAINESVILLE, FL 32601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy Tepperberg **CATHY TEPPERBERG** 3/6/06 372-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #