

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008822 (8)

1. Corporation Name

MCVAY CHIROPRACTIC CENTRE, P.A.



Principal Place of Business

2565 N. HIATUS RD. ROAD
COOPER CITY FL 33026-1371

Mailing Address

2565 N. HIATUS RD.
COOPER CITY FL 33026-1371

2. Principal Place of Business

21 2565 NORTH HIATUS ROAD

2a. Mailing Address

26 90 GRUBER AND ASSOCIATES, PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 COOPER CITY FL

Zip

33026-1371

Country

USA

27 City & State

28 FORT LAUDERDALE FL

Zip

33316-1735

Country

USA

9. Name and Address of Current Registered Agent

KIRK E. MCVAY
2565 N. HIATUS RD.
COOPER CITY FL 33026-1371

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

01/19/1995

4. FLE Number

65-0367231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 90 GRUBER AND ASSOCIATES, P.A.

1650 Southeast 17th Street, 301

Fort Lauderdale

FL

Zip Code

33316-1735

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Corporation, Authorized Officer, or Registered Agent)

(Signature of Registered Agent, Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

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