FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000013180 (3)**

1. Corporate Name

WINTER HAVEN FAMILY CHIROPRACTIC, P.A.

Principal Place of Business
1126 FIRST STREET SOUTH
WINTER HAVEH FL 33880

Mailing Address
1126 FIRST STREET SOUTH
WINTER HAVEH FL 33880

3. Date Incorporated/Qualified: 02/19/1993
3a. Date of Last Report: 05/01/1994

2. Previous Corporate Name
21

2a. Mailing Address
26

Apt/Suite
22

Apt/Suite
27

City
23

City
28

State
24

Country
25 USA

State
29

Country
30 USA

4. FEI Number: 65-0392040
Applied For
Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Electronic Signature Fee(s) Trust Fund Contributions: $5.00 May Be Added to Fees

8. This corporate has elected to be governed by the provisions of Section 607.0901 Florida Statutes: Yes X No

9. Name and Address of Current Registered Agent

HORWITZ, WAYNE
3511 WEST COMMERCIAL BLVD.
SUITE 402
FT. LAUDERDALE FL ~~33441~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is NOT acceptable)
83
84 City: FL
85 Zip Code: 33879

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent are identical to those in effect on the date of the last report filed with the Department of State under the provisions of Section 607.0501, Florida Statutes.

SIGNATURE

12. Title (Type and Date Type)

D
MORRIS, LAWRENCE
1126 FIRST STREET SOUTH
WINTER HAVEN FL

Delete

13. Additional Officers and Directors (Type and Date Type)

Delete / Add

President
Mark S. Suck
4051 Mahogany Run SE
Winter Haven, FL 33884

Delete / Add

Delete / Add

Delete / Add

Delete / Add

Delete / Add

14. I hereby certify that the information supplied with this report is correct and complete, and that the corporation has filed its Florida Income/Franchise Tax Return for the preceding calendar year or has applied for an extension of time for filing such return, or has paid the minimum tax for such return, or has elected to be taxed as a qualified small business under Section 220.03(1)(x), Florida Statutes, and that the corporation has complied with all provisions of Chapter 607, Florida Statutes, and that the name and address of the registered agent as stated in this report is identical to those in effect on the last day for filing this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 30 95 (Date)

0314640 CP