

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000032530 (6)

1. Corporation Name:

CHIROCLINIC, INC.

Principal Place of Business:

**122 PONCE DE LEON BLVD.
CORAL GABLES FL 33135**

Mailing Address:

**122 PONCE DE LEON BLVD.
CORAL GABLES FL 33135**

**APPROVED
AND
FILED**

MAY - 1 AM 5:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

OPTIONAL AREA IN THIS SPACE

3. Date incorporated or organized 05/04/1993	3a. Date of last report 10/10/1994
4. FIC Number 65-0412252	Appoint Fee ☐ Applicable ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 193.042 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	26. Mailing Address
21. State Agent Name	26. State Agent Name
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**DIXON, ROBERT K
122 PONCE DE LEON BLVD.
CORAL GABLES FL**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	FL
B5. Zip Code	

11. Pursuant to the provisions of Sections 190.01, 190.02 and 190.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to the office in Florida. Said 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 such registered agent, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of New Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS	
NAME	DIXON, ROBERT K
Street Address	122 PONCE DE LEON BLVD.
City & State	CORAL GABLES FL 33135
NAME	
Street Address	
City & State	
NAME	
Street Address	
City & State	
NAME	
Street Address	
City & State	
NAME	
Street Address	
City & State	
NAME	
Street Address	
City & State	
NAME	
Street Address	
City & State	

13. ADDITIONS CHANGE S. TO OFFICERS AND DIRECTORS IN 12	
NAME	☐ Change ☐ Addition
Street Address	
City & State	
NAME	☐ Change ☐ Addition
Street Address	
City & State	
NAME	☐ Change ☐ Addition
Street Address	
City & State	
NAME	☐ Change ☐ Addition
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Street Address	
City & State	
NAME	☐ Change ☐ Addition
Street Address	
City & State	
NAME	☐ Change ☐ Addition
Street Address	
City & State	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is correct and true to the best of my knowledge and belief. I further certify that the information provided in this report is supplemental and not a part of the annual report and that any supplemental information shall be filed with the annual report. I am familiar with and accept the obligations of such registered agent, Florida Statutes.

SIGNATURE:

[Signature]

ROBERT K DIXON DC 5-1-95 4449192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR