FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000049088 (6)

1. Corporate Name: EATON CHIROPRACTIC CLINIC, P.A.

Principal Office Address: 1020 SANTA FE BLVD. HIGH SPRINGS FL 32643

Mailing Address: 1020 SANTA FE BLVD. HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (Organized): 07/13/1993

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21

2a. Mailing Address: 26 P.O. BOX 886

4. FEI Number: 59-3193315 — Applied For / Not Applicable

Suite, Apt. # etc.: 22

Suite, Apt. # etc.: 27

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

City: 23

City & State: 28 HIGH SPRINGS, FLORIDA

6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

Zip: 24 County: 25

Zip: 29 32643-0886 Country: 30 Alachua

8. Has corporation been issued tax exemption under Section 501(c) Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

EATON, WAYNE C
1020 SANTA FE BLVD.
HIGH SPRINGS FL 32643

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

11. Pursuant to the provisions of Section 607.0501 and 607.0505, 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
P	EATON, WAYNE C	1020 SANTA FE BLVD	HIGH SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I 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)(k) Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: Wayne C Eaton D.C.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-28-95

Daytime Phone #: 904-454-3941

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