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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052375 (1)

NEIL H. COHEN, D.C., P.A.

Principal Place of Business

City St- he

appears in Block 12 or Block 13 if

SIGNATURE:

% CHARLES P. RANDALL 1436 E. ATLANTIC BLVD LIFE FIRST CHIROPRACTICE CENTER 5301 N FEDERAL HWY STE 150 POMPANO BEACH FL 33080 **BOCA RATON FL 33487-4917** 3a. Date of Last Report 3. Date Incorporated or Qualified 08/01/1996 07/21/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0426052 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 23 Z_{11} Country This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RANDALL, CHARLES P 5301 N FEDERAL HWY Street Address (P.O. Box Number 82 **STE 150** 83 **BOCA RATON FL 33487** 84 City 3860 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 miligations of, Section 601,0505, Florida Statutes. SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition PVPT DELETE Change 1.1 TITLE THILE COHEN, NEIL H. NAME 1.2 NAME 1436 E. ATLANTIC BLVLD. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BCH. FL CHY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET AODRESS 2 4 CITY-ST-ZIP CITY - ST - ZIF ■ Addition DELETE Change 101.8 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition $\mathsf{TIL}_{\mathsf{L}}\mathsf{E}$ 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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 this report as required by Chapter 607, Florida Statutes; and that my name