

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000067405 (9)**

1. Corporation Name

ADVANCED CHIROPRACTIC HEALTHCARE, INC.



Principal Place of Business

**2111 BRANDYWINE RD
SUITE 1024
WEST PALM BEACH FL 33409**

Mailing Address

**2880 EAGLE LN
SUITE 1024
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

2a. Mailing Address

21 **1814 N. FEDERAL HWY**

26 **1814 N. FEDERAL HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **LAKE WORTH FL 33460**

28 **LAKE WORTH FL**

24 Zip

25 Country

29 Zip

30 Country

33460

U.S.

33460

U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/28/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0441266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

**KEITH, ALEXANDER D
2111 BRANDYWINE RD
SUITE 1024
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

Keith, Alexander D.

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

1814 N. Federal Hwy

83

84 City

LAKE WORTH FL

85 Zip Code

33460

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

Alexander D. Keith

(NOTE: Registered Agent signature required when reinstating)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
KEITH, ALEXANDER D
1814 N. FEDERAL HWY
LAKE WORTH FL 33460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**600001855386
-06/07/96--01033--032
***200.00**

14. I do 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Alexander D. Keith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 (407) 582-2225

Date

Daytime Phone

CR2E034 (12/95)