FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary on State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070804 (8)

GOLDBERG CHIROPRACTIC, INC.

Principal Place of Business 119 NW 88TH WAY CORAL SPRINGS FL 33071	Mailing Address 119 NW 88TH WAY CORAL SPRINGS FL 33071-7531 US			
	00		3. Date Incorporated or Qualified 10/12/1993	3a. Date of Last Report 03/19/1996
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	Suite, Apt. #, etc.		65-0445603	Not Applicable
Sulte, Apt. #, etc.	27] Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	- <u>-</u>	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	B. This corporation has liability for i	
24 25 9, Name and Address of Current R	29 30 Registered Agent	J F	Florida Statutes L_ 10. Name and Address of New Re	Yes No
FILINGS, INC. 3732 NW 16TH STREET FORT LAUDERDALE FL 33311 119 Conce	Y GOLDBERG- NW 88" WAY of Springs, Fl.	82 Street Addre 119 NV 83 84 City	COLDBERG ess (P.O. Box Number is Not Acceptab 88th WAY	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the Section of agent. I am fabrillar with, and accopiate of ligation SIGNATURE Synature, hypod or punited time of registered agent a OFFICERS AND C	nd try if appticable (NOV) Re DILL.CTORS	giscred Agent signature require		DATE CERS AND DIRECTORS IN 12
TITLE D	☐ DELETE O	1 1 DILE		☐ Change ☐ Addition
NAME GOLDBERG, BARRY STREET ADDRESS 119 NW 88TH WAY		1.2 NAME		
STREET ADDRESS 119 NW 881H WAY CORAL SPRINGS FL 33071		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D	DELETE	2 1 TITLE		Change Addition
NAME GOLDBERG, ROSALIE	•	2 2 NAME		
STREET ADDRESS 119 NW 88TH WAY		2 3 STREET ADDRESS		
CITY-ST-ZIP CORAL SPRINGS FL 33071	Distr	2 4 CITY-ST-ZIP		Change Addition
TITLE	∐ DELETE	3 1 TITLE 3 2 NAME		Change Addition
NAME STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - ST - ZIP		
TITLE	☐ DELET€	41 TILLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-7IP		
THLE	☐ DELETE	51 TITLE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-ST-ZIP	DELETE	5 4 C(1Y - S1 - 7)P 61 TITLE		Change Addition
NAME		62 NAME		

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

63 STREET ADDRESS

MATURE ROLL ON

STREET ADDRESS City-St-Zip

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FILED

Apr 28 1997 8:00am

Secretary of State