

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000074918 (2)

1. Corporation Name

HEALTHY LIVING ENTERPRISES, INC.

Principal Place of Business

**% RACHMAN CHIROPRACTIC CLINICS
12734 KENWOOD LANE
FORT MYERS FL 33919**

Mailing Address

**% RACHMAN CHIROPRACTIC CLINICS
12734 KENWOOD LANE
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0446789

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
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **HEALTHY LIVING ENTERPRISES**

26 **12734 KENWOOD LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **STE 77**

27

City & State

City & State

23 **FT MYERS FL**

28

Zip

Country

Zip

Country

24 **33901**

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RACHMAN, BRADLEY S
% RACHMAN CHIROPRACTIC CLINICS
12734 KENWOOD LANE
FORT MYERS FL 33919**

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 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **RACHMAN, BRADLEY S**
STREET ADDRESS **12734 KENWOOD LANE**
CITY - ST - ZIP **FORT MYERS FL 33919**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **RACHMAN, BRADLEY S**
1.3 STREET ADDRESS **12734 KENWOOD LN STE 77**
1.4 CITY - ST - ZIP **FT MYERS FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 110.07(3)(b), 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:

Bradley S. Rachman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

813-275-3343
Telephone Number