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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

CITY-ST-ZIP

appears in Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

Sandra B. Movitham

FILED

Jul 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000075701 (1)

DONNER CHIROPRACTIC CENTER, P.A.

Mailing Address 9974 SHERIDAN ST 3874 SHERIDAN ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3634 3a. Date of Last Report 3. Date Incorporated or Qualified 11/02/1993 02/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0445841 21 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DONNER, CRAIG DC Name DONNER, JEFFREY 3874 SHERIDN ST Street Address (P. 3874 82 SHERIDAN STREET HOLLYWOOD FL 33021 83 84 City 33021 HOLLYWOOD 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. DONNER. SIGNATURE Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. X DELETE Change X Addition TITLE 1.1 10111 DONNER, CRAIG S DONNER, JEFFREY S NAME 1.2 NAME 12244 WEEPING WILLOW WAY 2854 OAKBROOK DRIVE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL FORT LAUDERDALE, FL 33332 CITY-ST-ZIF 1.4 CHY - ST - ZIP DELETE Addition ☐ Change TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - St - ZiP DELETE TITLE 3 1 11111 ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP TITLE DELETE 41 TITLE Change Add:tion NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - \$1 - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 51 HILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZiP Addition DELETE ☐ Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CHY-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 it am an officer or director of the corporation or the receiver or truslee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

if changed, or on an attachment with an address.