FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 14 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000018136 (9)**

1. Corporation Name
TROPICAL CHIROPRACTIC CENTER, INC.

Principal Place of Business
~~2900 N.W. 42ND AVE.~~
~~NUMBER 407~~
~~COCONUT CREEK FL 33066~~

Mailing Address
~~2900 N.W. 42ND AVE.~~
~~NUMBER 407~~
~~COCONUT CREEK FL 33066~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1799 N. STATE ROAD 7
Suite, Apt. #, etc.
22 #15
City & State
23 MARGATE, FLORIDA
Zip 24 33063 Country 25 BROWARD

2a. Mailing Address
26 SAME AS # 2
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:
4. FEI Number: 65-0484036 ☐ 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

9. Name and Address of Current Registered Agent

~~MALTZ, MICHAEL~~
~~2900 N.W. 42ND AVE.~~
~~NUMBER 407~~
~~COCONUT CREEK FL 33066~~

10. Name and Address of New Registered Agent

81 Name: DR. STEPHEN K. ULTSH
82 Street Address (P.O. Box Number is Not Acceptable): 18152 BLUE LAKE WAY
83
84 City: BOCA RATON FL 85 Zip Code: 33498

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: DR. STEPHEN K. ULTSH DATE: 3/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	
NAME	MICAELE MALTZ
STREET ADDRESS	2900 N.W. 42ND AVE. #407
CITY-ST-ZIP	COCONUT CREEK, FLORIDA 33066
TITLE	
NAME	DR. STEPHEN K. ULTSH
STREET ADDRESS	18152 BLUE LAKE WAY
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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.

SIGNATURE: Michael Maltz 3/6/95 305-977-5534
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0118000 CP