

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000022230 (4)

1. Corporation Name

FLORIDA CHIROPRACTIC MEDICINE, INC.



Principal Place of Business

Mailing Address

7800 SOUTHLAND BLVD.
SUITE 100-201
ORLANDO FL 32809
US

C/O FOOTE 709 W OAKRIDGE RD.
P.O. BOX 580211
ORLANDO FL 32859-0211
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

05/18/1995

4. FEI Number

59-3239112

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

F & L CORP.
THE GREENLEAF BUILDING, 3RD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-3527

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 100 if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ROSE, BARRY
STREET ADDRESS 6638 OLD WINTER GARDEN ROAD
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE S
NAME THORNTON, MARK
STREET ADDRESS 5140 CURRY FORD ROAD
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE T
NAME ESPOSITO, ROBERT J.
STREET ADDRESS 7400 SOUTHLAND BLVD., SUITE 113
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME YATES, KEVIN J.
13 STREET ADDRESS 909 EAST OAK ST. SUITE A
14 CITY-ST-ZIP KISSIMMEE, FL. 34744 ☐ Change ☒ Addition

21 TITLE JP
22 NAME ESPOSITO, ROBERT J.
23 STREET ADDRESS 7400 SOUTHLAND BLVD. SUITE 113
24 CITY-ST-ZIP ORLANDO, FL. 32809 ☐ Change ☒ Addition

31 TITLE S
32 NAME THORNTON, MARK B.
33 STREET ADDRESS 5140 CURRY FORD RD.
34 CITY-ST-ZIP ORLANDO, FL. 32812 ☐ Change ☒ Addition

41 TITLE T
42 NAME BOYLAN, MARK E.
43 STREET ADDRESS 333 WEST MAIN ST.
44 CITY-ST-ZIP APOPKA, FL. 32712 ☐ Change ☒ Addition

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. ESPOSITO

8/6/96

Daytime Phone #

CR2E034 (3/96)