

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90098 009 ***150.00

DOCUMENT # P94000022230

1. Corporation Name

FLORIDA CHIROPRACTIC MEDICINE, INC.

Principal Place of Business

499 N S.R. 434
SUITE 2137
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

C/O FOOTE 709 W OAKRIDGE RD.
P.O. BOX 590211
ORLANDO FL 32859-0211
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 437 Gaston-Foster Rd.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

28 Zip

24 32807

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME BOYLAN, MARK
STREET ADDRESS 333 W MAIN ST
CITY-ST-ZIP APOPKA FL 32712

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Yates, Kevin
1.3 STREET ADDRESS 909 E. Oak St.
1.4 CITY-ST-ZIP Kissimmee, FL 34744

TITLE VP ☐ DELETE
NAME YATES, KEVIN
STREET ADDRESS 909 E OAK ST
CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE Vice-President ☒ Change ☐ Addition
2.2 NAME Rose, Barry
2.3 STREET ADDRESS 6638 Old Winter Garden Rd.
2.4 CITY-ST-ZIP Orlando, FL 32835

TITLE S ☐ DELETE
NAME HARRIS, MARK
STREET ADDRESS 4270 ALOMA AVE
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE T ☒ DELETE
NAME DOUGHERTY, KENNETH J
STREET ADDRESS 665 N DIXIE FREEWAY
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Thornton, Mark
4.3 STREET ADDRESS 437 Gaston-Foster Rd.
4.4 CITY-ST-ZIP Orlando, FL 32807

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99

Date

407 933-7755

Daytime Phone #

0107485

CR2E034 (11/98)