

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P94000026207**

1. Corporation Name
FLORIDA CHIROPRACTIC COALITION, INC.

Principal Place of Business
**919 E CYPRESS CREEK ROAD
FT LAUDERDALE FL 33334**

Mailing Address
**919 E CYPRESS CREEK ROAD
FT LAUDERDALE FL 33334**

FILED

99 AUG -4 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1994

4. FEI Number

65-0483656

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.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**NAGER, BRUCE A
919 E CYPRESS CREEK ROAD
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NAGER, BRUCE A	
STREET ADDRESS	919 E CYPRESS CREEK ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAROLD, JEROME	
STREET ADDRESS	919 E CYPRESS CREEK ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	REINER, RICHARD	
STREET ADDRESS	5788 OKECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GORENBERG, STEWART	
STREET ADDRESS	1627 S ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Stewart S. Gorenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/99 (954) 522-6006

CR2E034 (5/99)

FLORIDA CHIROPRACTIC COALITION, Inc.

BRUCE A. NAGER, D.C.
President,
North Broward County

JEROME D. HAROLD, D.C.
Vice President
Northeast Dade County

RICHARD A. REINER, D.C.
Secretary
Palm Beach County

STEWART G. GORENBERG, D.C.
Treasurer
South Broward County

ERIC L. ENGELMANN, D.C.
Director
Northwest Dade County

JOHN J. GENTILE, D.C.
Director
South Dade County

7/30/99

Dear Sean,

This corporation Annual report was previously filed before the MAY DEADLINE. As per our conversation enclosed is another report & the filing fee. Thank-you very much.

Sincerely,

Stewart Gorenberg