

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000032048 (8)

1. Corporation Name

BRYNES CHIROPRACTIC CLINIC, INC.



Principal Place of Business

10031 PINES BLVD.
SUITE 105
PEMBROKE PINES FL 33024

Mailing Address

10031 PINES BLVD.
SUITE 105
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified
04/25/1994

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 9702 NW 7th Circle

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 11-37

27

23 Plantation FL

28 City & State

24 33324 25 Broward

29 30 Country

4. FEI Number

65-0483324

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

10. Name and Address of New Registered Agent

BRYNES, BRUCE M
10031 PINES BLVD.
SUITE 105
PEMBROKE PINES FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9702 NW 7th Circle

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Plantation

FL

85 Zip Code

33324

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

Bruce Brynes, President 3-8-96 954 4241413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)