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CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION
CORPORATION

APPROVED
AND
FILED

95 MAY -1 PM 10:19

DOCUMENT # **P94000049312 (9)**

IMMOKALEE FAMILY CHIROPRACTIC, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2. Mailing Address		3. Date of Incorporation or Organization		3a. Date of Last Report	
1218 N. 15TH ST IMMOKALEE FL		1218 N. 15TH ST IMMOKALEE FL		07/01/1994			
4. Telephone Number	5. Number of Shares Issued	6. Number of Shares Owned by Corporation	7. Number of Shares Owned by Officers and Directors	8. Number of Shares Owned by Other Persons	9. Number of Shares Owned by Foreign Persons	10. Number of Shares Owned by Other Foreign Persons	11. Number of Shares Owned by Other Foreign Persons
65-0563276							
12. Name of Current Registered Agent	13. Name of New Registered Agent	14. Name of Current Registered Agent	15. Name of New Registered Agent	16. Name of Current Registered Agent	17. Name of New Registered Agent	18. Name of Current Registered Agent	19. Name of New Registered Agent
MORRIS, CLIFFORD 3511 WEST COMMERCIAL BLVD. SUITE 402 FORT LAUDERDALE FL 33301	WAYNE HORWITZ CPA 3511 WEST COMMERCIAL BLVD. SUITE 402 FORT LAUDERDALE FL 33301						

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORRIS, CLIFFORD 3511 WEST COMMERCIAL BLVD. SUITE 402 FORT LAUDERDALE FL 33301		WAYNE HORWITZ CPA 3511 WEST COMMERCIAL BLVD. SUITE 402 FORT LAUDERDALE FL 33301	

12. Name and Address of Current Registered Agent	13. Name and Address of New Registered Agent
MORRIS, CLIFFORD 1218 N. 15TH ST. IMMOKALEE FL	DIRECTOR LOVELL, STEPHEN 3049 CLEVELAND AVENUE SUITE 100 FORT MYERS, FL 33901

14. I hereby certify that the information supplied with this filing is accurately furnished and does not apply to the corporation except as herein stated. I further certify that the information is true and correct and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report. I am a director of the corporation and the report is prepared by me.

SIGNATURE: *[Signature]*
DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR