

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000060415 (4)

1. Corporation Name

NATURAL HEALTH & FAMILY CHIROPRACTIC CENTER, INC

95 MAY -1 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

10117 W OAKLAND PARK BLVD
SUITE 369
SUNRISE FL 33351

3. Mailing Address

10117 W OAKLAND PARK BLVD
SUITE 369
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1994

3a. Date of Last Report

2. Principal Place of Business

21 3594 NW 95 TER

2a. Mailing Address

26

4. FEI Number

15-051268

Applied For

Not Applicable

State Apt # etc

State Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 3701 NW 105th Ave
24 3701 NW 105th Ave
25 3701 NW 105th Ave
26 3701 NW 105th Ave
27 3701 NW 105th Ave
28 3701 NW 105th Ave
29 3701 NW 105th Ave
30 3701 NW 105th Ave

7. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAW FIRM LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Desmond J Murphy

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

3594 NW 95 TER

83

84 City

SUNRISE

FL

85 Zip Code

33351-4449

11. Pursuant to the provisions of Sections 607.05, 607.06, 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 607.05, Florida Statutes.

SIGNATURE

Desmond J Murphy D.C.

Desmond J Murphy

4-8-95

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
P
MURPHY, DESMOND J
10117 W OAKLAND PARK BLVD SUITE 369
SUNRISE FL 33351

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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. 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 on Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Desmond J Murphy D.C.

4-8-95

207-842-1581

Date

Telephone Number