FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060415 (4)

1. Corporate Name
NATURAL HEALTH & FAMILY CHIROPRACTIC CENTER, INC

Principal Place of Business
10117 W OAKLAND PARK BLVD
SUITE 369
SUNRISE FL 33351

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
22: Suite, Apt #, etc:
23: City & State: SUNRISE FL
24: Zip: 33351-4449
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt #, etc:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 65-0512608 — 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
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 607.0502 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: Desmond J Murphy D.C. — Desmond J Murphy — 4-8-95 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURPHY, DESMOND J
STREET ADDRESS	10117 W OAKLAND PARK BLVD SUITE 369
CITY-ST-ZIP	SUNRISE FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D P	☑ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
3 TITLE		☐ Change ☐ Addition
4 TITLE		☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

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 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.

SIGNATURE: Desmond J Murphy DC — 4-8-95 (Date) — 305/862-1517 (Daytime Phone)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Desmond J Murphy President

0240188 CP