

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000066703 (7)**

1. Corporation Name

**UNIVERSAL CHIROPRACTIC CENTER, INC.**



Principal Place of Business

**2580 N UNIVERSITY DR  
SUNRISE FL 33322**

Mailing Address

**2580 N UNIVERSITY DR  
SUNRISE FL 33322**

3. Date Incorporated or Qualified  
**09/12/1994**

3a. Date of Last Report  
**02/03/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **2692 N University Dr.**

27 Suite, Apt. #, etc.

27 **SUNRISE FL**

28 Zip

30 Country

4. FEI Number

**65-0521756**

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

**KUSNITZ, LAWRENCE  
2580 N UNIVERSITY DR  
SUNRISE FL 33322**

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 the corporation

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP  DELETE

**D  
KUSNITZ, LAWRENCE  
2580 N UNIVERSITY DR  
SUNRISE FL 33322**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP  Change  Addition

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP  Change  Addition

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP  Change  Addition

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP  Change  Addition

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP  Change  Addition

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *X Lawrence Kusnitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)