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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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DOCUMENT # P94000070	00 1	(4)
EATON CHIROPRACTIC CENTER, P.A.		

	CHINOPHACTIC GENTE			<u> </u>			
Principal Place of	of Business	Mailing Address			i lättistät tin latet minis kates dan	 	A 114 A 112: 12:4: 12:4: 12:1
318 N MAIN S		PO BOX 670 TRENTON FL 32693					
TRENTON FL	32083	THENTON PL 32033			3. Date Incorporated or Qualified	3a. Date of	Last Report
					09/08/1994	05/0	01/1995
. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
		26			59-3264706	·	Not Applicable
Suite, Apt #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
Ct. 8 Ctata		City & State			6. Election Campaign Financing		\$5.00 May Be
Crty & State		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zφ	Countr	У	8. This corporation has liability for		ınder s. 199.032,
]	25	29	30		Florida Statutes Yes		
	g. Name and Address of Cur	rent Registered Agent		.T .T.	10. Name and Address of New I	Registered Ag	ent
			8				
	WAYNE C		8:	2 Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	
318 N M			8:	3			
TRENTO	N FL 32693						
			8	4 City		FL	85 Zip Code
DIONATI IDE:		Section 607.0505, Florida Statute					
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I do hereby certify that the information supplied with this filing is voluntarily turnished 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 conforation 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 within address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 904-454-3941