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18536 NW 67TH AVE MIAMI FL 33015 32 Street Address (PO, Box Number is Not Acceptable) 83 84 City FL 85 Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statament for the purpose of changing its registered agent. 1 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, Note: Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. 1 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, SNATURE Street Address (PO, Box Number is Not Acceptable) DATE Street Address (PO, Box Number is Not Acceptable) MAMI FL 33015 DATE Street Address (PO, Box Number is Not Acceptable) DATE DATE OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS IN 12 EFL ADDRESS 13 STREET ADDRESS Addition Street Address (PO, Box Number is Not Acceptable) Date Date RUSSO, ELLEN DELETE 13 ThE Change Addition Street Address DELETE 21 ThE Change Addition Street Address 33 STREET ADDRESS Street Address Street Address Street Address Street Address	CASI			81 Name		
Biget City E Big Zip Code 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 agent, or both, in the State of Ponda. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ponda. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ponda. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ponda. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ponda. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Ponda. Such change was submitted by the corporation's board of directors. Thereby accept the purpose of changing its registered agent, or both, and accept the obligations of, section 607.0505, Florida Statutes. NATURE Signater, oped or priod agent and the if applicate. In The corporation's board of directors. Thereby accept the applicate agent and the if applicate agent and the if applicate. DATE E D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 E D Change 14.000000000000000000000000000000000000				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
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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, on 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 and accept the objections of your constraints with, and accept the objections of your constraints. Thereby accept the appointment as registered agent. Constraints with, and accept the objections of your constraints. Thereby accept the appointment as registered agent. I and accept the objections of your constraints. Thereby accept the appointment as registered agent. I and take if applicable. SMATURE Signutum, typed or pented name of registered agent and take if applicable. OPFICERS AND DIRECTORS I a MAIL FL 33015 CASTILLO, LUIS STATURE D CASTILLO, LUIS STATURE				84 City		85 Zip Code
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I hereby certify that the information supplied with this filing 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 of on an attachment with an address.	Y-ST-ZIP			6.4 CITY-ST-ZIP		
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 of on an attachment with an address.	I hereby co	ertify that the information supplied	with this filing does not qualify for the	exemption stated in se	ction 119.07(3)(i), Florida Statutes. I further certify t	hat the information
	an officer of in Block 12	or director of the corporation or the 2 or Block 13 if changed of on an	the receiver or trustee empowered to an attachment with an address.	execute this report as re	equired by Chapter 607, Florida Statutes; and that	my name appears
	IGNAT	URE:	- your we		<u>' 8 1 (305)8</u>	35-2005

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MIAMI GARDENS CHIROPRACTIC CENTER

DR. LUIS M. CASTILLO DR. ELENA M. RUSSO 18536-A N.W. 67th Avenue Miami Lakes, Florida 33015 Telephone: (305) 823-2225

July 8, 1999

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

> RE: Annual Report for Miami Gardens Chiropractic

Dear Division of Corporations:

As per instructions from your Representative Andy Dunlap, (Telephone #: 850-487-6059), the following Annual Report and filing fee of \$150.00 (CH) is being sent to you now via certified mail in replacement for the original Report and check which was sent on 4/26/99 via regular mail but apparently lost in the mail. I have not received back any cancelled check for the original to date. My accountant brought this to my attention. Please note on your files.

والمستعم والمساورة والمراجع والمعوان

Thank you.

Sincerely yours, De Tusso

E. Russo, D.C. L. Castillo, D.C.