

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90017 033 \*\*\*150.00

**DOCUMENT # P94000072206**

1. Corporation Name

**MIAMI GARDENS CHIROPRACTIC CENTER, INC.**

Principal Place of Business

18536 NW 67TH AVE  
MIAMI FL 33015

Mailing Address

C/O HMPD  
16100 NE 16 AVE  
N. MIAMI BEACH FL 33162  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/30/1994**

4. FEI Number

**65-0523678**

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

7. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTILLO, LUIS**  
**18536 NW 67TH AVE**  
**MIAMI FL 33015**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **CASTILLO, LUIS**  
STREET ADDRESS **18536 NW 67TH AVE**  
CITY-ST-ZIP **MIAMI FL 33015**

1.1 TITLE

☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **RUSSO, ELLEN**  
STREET ADDRESS **18536 NW 67TH AVE**  
CITY-ST-ZIP **MIAMI FL 33015**

2.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

14. 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/99**

Date

**(305) 823-2225**

Daytime Phone #

CR2E034 (5/99)



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

590027-90017-33  
Pg 4000072206

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 (diff 2377) 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.

Thank you.

Sincerely yours,

*Luis M. Castillo* DC  
*E. Russo*  
E. Russo, D.C.  
L. Castillo, D.C.