SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072573 (6)

1. Corporation Name
UNION PARK CHIROPRACTIC CENTER, INC.

Principal Place of Business
9833 E. COLONIAL DRIVE
ORLANDO FL 32817

Mailing Address
9833 E. COLONIAL DRIVE
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:

4. FEI Number: 59-3270601 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent
STRAUB, MICHAEL F
9833 E. COLONIAL DRIVE
ORLANDO FL 32817

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	STRAUB, MICHAEL D F	1 NAME	
STREET ADDRESS	9833 E. COLONIAL DRIVE	1 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32817	1 CITY, ST, ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	CAUSEY, DUSTIN A	2 NAME	
STREET ADDRESS	9833 E. COLONIAL DRIVE	2 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32817	2 CITY, ST, ZIP	
TITLE	D	3 TITLE	Please Delete ☑ Change ☐ Addition
NAME	~~CAUSEY, PAMELA C~~	3 NAME	PAMELA C. CAUSEY
STREET ADDRESS	~~9833 E. COLONIAL DRIVE~~	3 STREET ADDRESS	(NO LONGER EMPLOYED)
CITY, ST, ZIP	ORLANDO FL 32817	3 CITY, ST, ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY, ST, ZIP		4 CITY, ST, ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY, ST, ZIP		5 CITY, ST, ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY, ST, ZIP		6 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)(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: Michael F. Straub — PRESIDENT MICHAEL F. STRAUB — 6/27/95 — (407)273-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (3/95)

0013718 CP