SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
95 AUG -3 AM 9:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000072785 (6)**

1. Corporation Name
COLONIAL CHIROPRACTIC AND MEDICAL CENTER INC.

Principal Place of Business	Mailing Address
8001 N DALE MABRY HWY SUITE 701-B TAMPA FL 33614	8001 N DALE MABRY HWY SUITE 701-B TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 SUITE 601A
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26 P.O. BOX 8591
Suite, Apt. #, etc.: 27
City & State: 28 TAMPA, FL
Zip: 29 33674-8591 Country: 30 HILLS.

4. FEI Number: 59-3270559 ☐ 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

CORPORATE CREATIONS ENTERPRISES INC
4521 PGA BLVD SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: LOUIS H. CABRE
82 Street Address (P.O. Box Number is Not Acceptable): 4717 S. RENNELLIE
83
84 City: TAMPA FL 85 Zip Code: 33611

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] Louis H. Cabre 6/12/95
(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	11 TITLE	P/C/D ☒ Change ☐ Addition
NAME	CABRE, LOUIS H	12 NAME	
STREET ADDRESS	% 8001 N DALE MABRY HWY SUITE 701-B	13 STREET ADDRESS	8001 N DALE MABRY HWY SUITE 601A
CITY ST ZIP	TAMPA FL 33614	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	BARBER, FRANCIS J	22 NAME	
STREET ADDRESS	% 8001 N DALE MABRY HWY SUITE 701-B	23 STREET ADDRESS	8001 N. DALE MABRY HWY SUITE 601A
CITY-ST-ZIP	TAMPA FL 33614	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	COULTER, VERNON W	32 NAME	PLEASE DELETE MR. COULTER NAME
STREET ADDRESS	% 8001 N DALE MABRY HWY SUITE 701-B	33 STREET ADDRESS	AS AN OFFICER/DIRECTOR, HE IS NO
CITY ST ZIP	TAMPA FL 33614	34 CITY-ST-ZIP	LONGER AFFILIATED WITH THE BUSINESS
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: [signature] LOUIS H. CABRE 6/19/95 (813) 915-1436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096600 CP