

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DONALD P. MARSHALL
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95-1117-1 4/11 2:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000073935 (6)

1. ~~DIRECTOR/Officer~~

FLAMINGO CHIROPRACTIC OF CORAL GABLES, P.A.

Principal Place of Business

1236 S DIXIE HWY
CORAL GABLES FL 33146

Mailing Address

1236 S DIXIE HWY
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified 38. Date of Last Report
10/03/1994

4. FEI Number 49. Applied For
650525110 Not Applicable

5. Certificate of Status Issued 50. \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution 51. \$5.00 May Be
Added to Fees

7. My Corporation has liability for contingent tax audits & tax
Debt Statutes Yes No

8. 10. Name and Address of New Registered Agent

**WASSERMAN, JEFFREY P
4000 HOLLYWOOD BLVD
SUITE-610 N
HOLLYWOOD FL 33021**

61. Name
62. Street Address (P.O. Box Number is Only Acceptable)
63.
64. City 65. Zip Code
FL

11. I, **Jeffrey P. Wasserman**, do hereby declare that I am the registered agent for the purpose of receiving all registered office communications addressed to my corporation, and that no change was authorized by the corporation's Board of Directors to this appointment as registered agent, last filed with the Department of State on **4/17/95**. I further declare:

I declare that:

12. I, **P.D.**, **Goroway, David K**
1236 S DIXIE HWY
CORAL GABLES FL 33146

13. I, **Jeffrey P. Wasserman**, **4000 Hollywood Blvd**, **Hollywood, FL 33021**, **FL**

STD
FURSHMAN, HOWARD L
1236 S DIXIE HWY
CORAL GABLES FL 33146

STD
Jeffrey P. Wasserman
4000 Hollywood Blvd, **Hollywood, FL 33021**, **FL**

QMB
1236 S DIXIE HWY
CORAL GABLES FL 33146

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CORAL GABLES FL 33146

QMB
Jeffrey P. Wasserman
4000 Hollywood Blvd, **Hollywood, FL 33021**, **FL**

14. I, **Jeffrey P. Wasserman**, certify that the information supplied on this form is voluntary furnished and does not qualify for the exemption applied in Section 10(1)(f) of the Florida Statutes. I further certify that the information contained on the current report or supplemental annual report is true and accurate and that my signature will cover the entire legal effect of all documents and that I am a citizen of the state of Florida or a resident of the United States and that my signature is attached to this document or an attachment thereto.

SIGNATURE: *[Signature]*

15. DATE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 (305) 668-9545
Certified State