FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074371 (3)

GOLDIN CHIROPRACTIC CENTER, P.A.

FILED Feb 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			711		-	88## 88## ! [\$, Biros Hair II		
•	LSBORO BLVD	3341-A W HILLSBORO BLVD							
	EACH FL 33442		DEERFIELD BEACH FL 33442						
					DO NOT WRI		3PACE		
					3. Date Incorporated or Qualified	d			
2. Principal Place of Business 2a. Mailing Address					10/06/1994				
21	ace of Dualifiess	26. Mailing Address			4. FEI Number			pplied For	
Sulte, Apt. :	#, etc.	Suite, Apt. #, etc.			65-0527107			ot Applicable Additional	
22 19		27			5. Certificate of Status Desired		•	equired	
City & State)	City & State			6. Election Campaign Financing	•		May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has	paid the cur	rent year in	tangible	
24	25	29	30		Personal Property Tax due Jui] No	
	9, Name and Address of Curre	ent Registered Agent			10. Name and Address of New I	Registered /	\gent		
	ldin, steven p		81 Nam	10					
	1-A W HILLSBORO BLVD		82 Street Addr		ss (P.O. Box Number is Not Accept	able)			
DEE	ERFIELD BEACH FL 33442							,	
			83						
			84 City		* 15		85 Zip	Code	
44 Dynamas t	o the provisions (C) ations 607.05	00 and 607 4600 Finding 6: 1			-A	<u> </u>			
office or re	o the provisions of Sections 607.05 pristered agent, or both, in the Stat	o pi Florida. Such change was	ues, the above-hami authorized by the c	ea corpo orporatio	ration submits this statement for the n's board of directors. I hereby acc	: purpose of ept the app	changing ii ointment as	its registered registered	
agent. I an	n tabiliar with and alcept the obli	gations of Section 607.0505, F	lorida Statutes.		Colder	- 2	100		
SIGNATURE	Signature) typed or printed harne of registered as	PRES.	37E 11: Registered Agent signal	VEN	GOLDIN		9/98		
12.		ND DIRECTORS	13.	ure required	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIBECTOR	RS IN 12	
TITLE	PSD /	☐ DELETE	1.1 TITLE		ADDITIONO OF THE OFF	TOLINO FIND	Change	Addition	
NAME	GOLDIN, STEVEN P		1.2 NAME				•-		
STREET ADDRESS	3341-A W HILLSBORO BLVD		1,3 STREET ADDRES	s					
CITY-ST-ZIP	DEERFIELD BEACH FL 3344		1.4 CITY - S1 - ZIP						
TITLE		DELETE	2.1 TITLE				Change	Addition	
NAME			2.2 NAME	ľ					
STREET ADDRESS			2.3 STREET ADDRESS	s					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE			-	Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS	s					
CITY - ST - ZIP			3.4. CITY - ST- ZIP						
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS	3					
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP	+			Ch	1 aans	
TITLE		₩ Detreit	5.1 TITLE				Change	Addition	
NAME STORET ADDOCCO			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	·					
TITLE		DELETE	5.4 DAY-ST-ZIP 6.1 TITLE	 			Change	Addition	
NAME		□ pereut				1	Unange	☐ ¥00(((0))	
STREET ADDRESS			6.2 NAME	.					
			6.3 STREET ADDRESS	`					
14. I hereby ce	ortify that the information supplied v	vith this filing does not qualify t	6.4 CITY-ST-ZIP or the exemption sta	ted in Se	ection 119.07(3)(i), Florida Statutes.	L further cer	tify that the	information	
indicated o officer or di	in this annual report or supplement	al annual report is true and acceiver or trustee empowered to	curate and that my s	ionature	shall have the same legal effect as ed by Chapter 607, Florida Statutes	if made und	ler oath: tha	atlam an I	