ICE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED
AND
FILED

95 MAY -1 PM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078819 (7)

NAPLES FAMILY CHIROPRACTIC, P.A.

660 LINTON BLVD
DELRAY BEACH FL 33444

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DELRAY BEACH FL 33444

3. 10/26/1994 — 3a. N/A

21 501 Goodlette Road North — 26

22 Suite 100 — 27

23 Naples, FL — 28

24 33940 — 25 USA — 29 — 30 USA

4. FEI Number: 65-0534147 — 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 may lawfully be organized under s. 607.04, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

HORWITZ, WAYNE
3511 W. COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL ~~33301~~

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: 33309

11. Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties.

12. D
HALL, DR. ALDEN
~~660 LINTON BLVD.~~
~~DELRAY BEACH FL 33444~~

13. ADDITIONAL OFFICERS, DIRECTORS AND/OR TRUSTEES: [X] Change [ ] Add

501 GOODLETTE ROAD NORTH, SUITE 100
NAPLES, FL 33940

14. [illegible]

SIGNATURE: [signature] 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0267112 CP