

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

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

2. Previous Filing Date	2a. Mailing Address	3. Date of Registration	3a. Date of Last Report
21. 501 Goodlette Road North	26. 660 LINTON BLVD	10/26/1994	N/A
22. Suite 100	27. Delray Beach, FL	4. FID Number	Applied For
23. Naples, FL	28. 33940	65-0534147	Not Applicable
24. 33940	25. USA	5. Certificate of Status Expired	\$8.75 Additional Fee Required
26. USA	27. USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28. USA	29. USA	7. This Corporation has liability for charitable tax under 5120(c)(2)	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HORWITZ, WAYNE
3511 W. COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (If Box Number is Not Applicable)	33309
83. City	
84. State	FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits the statement for the purpose of changing its registered office to the registered office shown in the State of Florida for the change authorized by the corporation's board of directors, thereby accepting the appointment of the registered agent shown in the statement for the change of the registered office.

12. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits the statement for the purpose of changing its registered office to the registered office shown in the State of Florida for the change authorized by the corporation's board of directors, thereby accepting the appointment of the registered agent shown in the statement for the change of the registered office.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME D HALL, DR. ALDEN 660 LINTON BLVD. DELRAY BEACH FL 33444	☒ Change ☐ Addition 501 GOODLETTE ROAD NORTH, SUITE 100 NAPLES, FL 33940
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits the statement for the purpose of changing its registered office to the registered office shown in the State of Florida for the change authorized by the corporation's board of directors, thereby accepting the appointment of the registered agent shown in the statement for the change of the registered office.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95

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