

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # P94000078819 (7)

1. Corporation Name

NAPLES FAMILY CHIROPRACTIC, P.A.

Principal Place of Business

Mailing Address

501 GOODLETTE ROAD NORTH
SUITE 100
NAPLES FL 33940
US

600 LINTON BLVD.
DELRAY BEACH FL 33444



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/26/1994		05/01/1995	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number		Applied For	
22		27		65-0534147		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		☐		\$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		Trust Fund Contribution	
24		29		30		☐	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☒ 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

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 of the person or persons authorized to sign this statement

(NOTE: If a third agent is appointed, the signature of the outgoing agent is required.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	HALL, DR. ALDEN	12 NAME	
STREET ADDRESS	501 GOODLETTE ROAD NORTH, SUITE 100	13 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	D
NAME		22 NAME	COBURGER, WILLIAM
STREET ADDRESS		23 STREET ADDRESS	501 GOODLETTE ROAD NORTH # 100
CITY - ST - ZIP		24 CITY - ST - ZIP	NAPLES, FL 33940
TITLE		31 TITLE	D
NAME		32 NAME	ROSEN, GREGG
STREET ADDRESS		33 STREET ADDRESS	138 BOYNTON BEACH BLVD
CITY - ST - ZIP		34 CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96

561-736-6777

CR2E034 (3/96)