

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000088430 (1)

1. Corporation Name

CYNTHIA A. RAIT, D.C., P.A.



Principal Place of Business

Mailing Address

~~5960 MORNINGSIDE DR.~~ 4765 N. Congress Ave
~~LAKE WORTH FL 33463~~ Lantana FL
US 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 4765 North Congress Ave

26 4765 North Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lantana FL

28 Lantana FL

Zip

Zip

Country

Country

24 33462

25 US

29 33462

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CYNTHIA A. RAIT
5960 MORNINGSIDE DR
LAKE WORTH FL 33463

81 Name CYNTHIA A. RAIT

82 Street Address (P.O. Box Number is Not Acceptable)
9067 PINTO DRIVE

83

84 City LAKE WORTH FL 85 Zip Code 33467

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

Cynthia A. Rait

(NOTE: Registered Agent signature required when reinstating)

3-16-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME RAIT, CYNTHIA A
STREET ADDRESS 5960 MORNINGSIDE DR
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME RAIT, CYNTHIA A
1.3 STREET ADDRESS 4765 NORTH CONGRESS AVE.
1.4 CITY-ST-ZIP LANTANA FL 33462

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Cynthia A. Rait* CYNTHIA A RAIT 3-16-98 (5/12/98) 9/12/98

CR2E034 (1097)