FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000012173 (7)**

1. Corporation Name

SCHWEITZ CHIROPRACTIC GROUP, P.A. - NORTH TAMPA

Principal Place of Business

3105 W. WATERS AVENUE, SUITE 210
TAMPA FL 33614

Mailing Address

3105 W. WATERS AVENUE, SUITE 210
TAMPA FL 33614

2. Principal Place of Business
21 3105 W. Waters Ave
22 Suite, Apt. #, etc. Ste 210
23 City & State Tampa Fl.
24 Zip 33614 25 Country USA

2a. Mailing Address
26 3105 W Waters Ave
27 Suite, Apt. #, etc. Ste 210
28 City & State Tampa Fl
29 Zip 33614 30 Country USA

3. Date Incorporated or Qualified 02/14/1995

3a. Date of Last Report

4. FEI Number 59-3394590 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CATANIA, PAUL B ESQ.
CATANIA & CATANIA, P.A.
101 E. KENNEDY BLVD., SUITE 2400
TAMPA FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent (if not the first listed) (NOTE: Registered Agent's signature required when designated)

12. OFFICERS AND DIRECTORS

TITLE	PVTS	☐ DELETE
NAME	SCHWEITZ, WENDY L D.C.	
STREET ADDRESS	3105 W. WATERS AVENUE, SUITE 210	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	☐ DELETE
NAME	SCHWEITZ, WENDY L D.C.	
STREET ADDRESS	3105 W. WATERS AVENUE, SUITE 210	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	700001875487	☐ Change ☐ Addition
5.2 NAME	-06/25/96--01141--027	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-1-96 JR

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)(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: _____ 4.29.96 813-932-3327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dr. Wendy L. Schweitz

CR2E034 (12/95)