

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022611 (4)

1. Corporation Name

KUSKIN CHIROPRACTIC CENTER, P.A.

Principal Place of Business

10660 NW 28 ST.
SUNRISE FL 33322

Mailing Address

10660 NW 28 ST.
SUNRISE FL 33322



3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

4. FEI Number

65-0556152

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

2. Principal Place of Business

2a. Mailing Address

21 ~~Kuskin~~ 4213 W. Hillsboro Blvd
Suite, Apt. #, etc.

26 4213 W. Hillsboro Blvd
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coconut Creek, FL

28 Coconut Creek, FL

24 Zip Country

29 Zip Country

33073 USA

33073 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUSKIN, ROBERT I
10660 NW 28 ST.
SUNRISE FL 33322

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KUSKIN, ROBERT I
STREET ADDRESS 10660 NW 28 ST.
CITY-ST-ZIP SUNRISE FL 33322

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME KUSKIN, ROBERT I
1.3 STREET ADDRESS 3409 NW 44th St.
1.4 CITY-ST-ZIP Sunrise, FL 33309

TITLE D ☐ DELETE
NAME LANGMAN, KAREN
STREET ADDRESS 3701 MONROE ST., APT. 107
CITY-ST-ZIP HOLLYWOOD FL 33021

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME KUSKIN, KAREN
2.3 STREET ADDRESS 3409 NW 44th St.
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert I. Kuskin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)