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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT#** P95000023207

1. Corporation Name

ATRIUM CHIROPRACTIC CENTER, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90012 048 \*\*\*150.00



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Principal Place of Business		Mailing Address			
3900 N.W. 79TH AVE., SUITE 100 MIAMI FL 33166		3900 N.W. 79TH AVE SUITE †00 MIAMI FL 33166			DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualifed
					03/22/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0571830 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	\$8.75 Additional
22		27		_:	Certificate of Status Desired     Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			This corporation owes the current year Intangible
24			<u>L</u>		Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
BUOW EV. JOSEPH			81	Name	
BUCKLEY, JOSEPH				82 Street Address (P.O. Box Number is Not Acceptable)	
3900 N.W. 79TH AVE., SUITE 100			<u> </u> _		
MAIM	MI FL 33166		83		
			84	City	FL 85 Zip Code
44 0	Mh	and 607 1509 Florida Statutage	the about	e-named o	perpendion submits this statement for the nurpose of changing its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	nt Florida. Such change was autho	onzea ov	tne corpo	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE					cuired when reinstating) DAYE
Olymand, types of principles of the control of the				nt signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		Change Addition
TITLE	BUCKLEY, JOSEPH		1.2 NAME	-	Ruckley Toseph
NAME	912 N. 18TH COURT, #202			TADDRESS	Buckley, Joseph, 18745 NW 1STST Penbroko Pines, fl 33029
STREET ADDRESS			1.4 CITY-S	T. 710	Penhreko Pines fl 33029
CITY-ST-ZIP	HOLLYWOOD FL 33020	DELETE	2.1 TITLE	1-217	☐ Change ☐ Addition
TITLE	_		2.2 NAME		
NAME	MARTINEZ, DAMIAN 15532 S.W. 148TH TERRACE			T ADDRESS	
STREET ADDRESS			2.3 STREE		
CITY-S1-ZIP	- <u>MIAMI-FL-33196</u>	DELETE	3.1 TITLE	J1-21F	☐ Change ☐ Addition
TITLE		- Veccie	3.2 NAME		
NAME			Ī	T ADDRESS	
STREET ADDRESS			3.4. CITY-5		•
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	, - car	Change Addition
NAME			4.2 NAME	Į	_
ĺ				T ADDRESS	
STREET ADDRESS			4.3 STREE		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
			5.2 NAME	ļ	
NAME CYDECT ADDRESS				TADDRESS	· ·
STREET ADDRESS			5.4 CITY-9	!	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
			6.3 STREE	TADORESS	Į.
STREET ADDRESS			BA CITY S		

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, with all other like empowered.

SIGNATURE: