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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000029523 (4)**

PLANTATION CHIROPRACTIC CONSULTANTS, INC.

894 NW 97 AVENUE ROL NW 97 AVENUE PLANTATION FL 33324-7543 PLANTATION FL 33324 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1996 04/10/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0563494 21 26 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žη Zip Country Country This corporation has liability for intangible tax under s. 199.032, 💌 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **HELLER & BARNETT CORPORATE SERVICES** Name 1214 N UNIVERSITY DR 62 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33322 83 City Zip Code 85 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 Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) (96/6) DELETE Change Addition 1.1 TITLE THE MALINDA WEISS NAME 1.2 NAME CR2E034 894 NW 97 AVENUE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 City - St - ZiP 1.4 CITY-ST-ZIP **DELETE** Change Addition 2.1 TITLE TITLE GEORGE OSSERMAN 22 NAME NAME 5300 WOODLANDS BLVD 23 STREET ADDRESS STREET ADDRESS TAMARAC FL 33351 2.4 CITY-ST-ZIP CITY \$1-ZIP DELETE 3.1 TITLE Change Addition HILE WEISS, MICHAEL

6.4 CITY-ST-ZIP 14. I do nereby 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 eath; 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

3.2 NAME

4.1 TITLE 4. 2 NAME

51 THILE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS 44 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

894 NW 97 AVENUE

PLANTATION FL 33324

NAME

THILE

DILLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY: ST-ZIP

STREET ADDRESS

CITY - ST - ZIF

FILED

May 02 1997 8:00am

Secretary of State

Change

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Addition

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