

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

FILED  
May 24, 1999 8:00 am  
Secretary of State

05-24-1999 90012 041 \*\*\*150.00

DOCUMENT # P95000029523

1. Corporation Name

Plantation Chiropractic Consultants, Inc.

554264 - 90012 - 041 \* \*

Principal Place of Business

Plantation Chiro Consultants Inc.  
894 NW 97 Ave.  
Plantation, FL 33324

Mailing Address

894 NW 97 Avenue  
Plantation, FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/16/95

4. FEL Number

050563494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Plantation Chiro Consultants Inc.  
Suite, Apt. #, etc.  
22 894 NW 97 Ave.

2a. Mailing Address

26 894 NW 97 Ave.  
Suite, Apt. #, etc.  
27

City & State

23 Plantation, Florida

City & State

28 Plantation, Florida

Zip

24 33324

Country

25 Broward

Zip

29 33324

Country

30 Broward

9. Name and Address of Current Registered Agent

81 Name

Attorney Jeff Klein

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

23123 State Road 7 Suite 350B

83

84 City

Boca Raton

FL

85 Zip Code

33428

10. Name and Address of New Registered Agent

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: Jeff Klein, Attorney at Law

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

(NOTE: Registered Agent signature required when reinstating)

5-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME: President  
MALINDA C. WEISS  
STREET ADDRESS: 894 NW 97 Ave.  
CITY-ST-ZIP: Plantation, FL 33324

☐ DELETE

TITLE

NAME: Sec. Treasurer  
Michael Weiss  
STREET ADDRESS: 894 NW 97 Ave.  
CITY-ST-ZIP: Plantation, FL 33324

☐ DELETE

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

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☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Malinda C. Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-99 954472-2628

Date

Daytime Phone #

CR2E034 (11/98)