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FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000002177 (9)

1. Corporation Name

PREMIER CHIROPRACTIC HEALTHCARE, INC.



Principal Place of Business

477 OCEAN BLVD.  
GOLDEN BEACH FL 33180

Mailing Address

477 OCEAN BLVD.  
GOLDEN BEACH FL 33160-2213

2. Principal Place of Business

21 1250 E. Hallandale Beach BLVD #205  
Suite, Apt. #, etc.

22 #205

City & State

23 Hallandale FL

Zip

24 33009

Country

25 U.S.A.

2a. Mailing Address

26 1250 E. Hallandale Beach BLVD  
Suite, Apt. #, etc.

27 #205

City & State

28 Hallandale FL

Zip

29 33009

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

3. Date Incorporated or Qualified

01/08/1996

3a. Date of Last Report

4. FET Number

65 0692335

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

10. Name and Address of New Registered Agent

81 Name

PREMIER CHIROPRACTIC HEALTHCARE, INC.

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

1250 E. Hallandale Beach BLVD.

83 #205

84 City

Hallandale

FL

85 Zip Code

33009

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

Christopher A. DiCarlo S.C.

Signature typed or printed name of registered agent and location (if applicable)

(NOTE: Registered Agent signature required when remainder filed)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

STREET ADDRESS

CITY - ST - ZIP

477 OCEAN BLVD.

GOLDEN BEACH FL 33180

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

14. I do 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.

SIGNATURE

Christopher A. DiCarlo S.C.

4-29-97

CR2E034 (9/96)