

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90077 006 ***150.00

DOCUMENT # P96000031294

1. Corporation Name
CHIRO PLUS CLINIC, P.A.

Principal Place of Business

P. O. BOX 18651
W. PALM BEACH FL 33416
US

Mailing Address

P. O. BOX 18651
SUITE A 9-10
W. PALM BEACH FL 33416
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

65-0666068

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

21 725 No Ala

Suite, Apt. #, etc.

22 Suite A-105

City & State

23 Jupiter, Florida

Zip

24 33477

25 Palm Beach

2a. Mailing Address

26 P O Box 18651

Suite, Apt. #, etc.

27

City & State

28 W.P.B. Florida

Zip

29 33416

30 Palm Beach

9. Name and Address of Current Registered Agent

VIDAL, O M
1800 FORREST HILL BLVD.
SUITE A-910
W PALM BEACH FL 33406-6054

10. Name and Address of New Registered Agent

81 Name

VIDAL, O M

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

168 Hemming Way

83

84 City

Boynton Beach

FL

85 Zip Code

33426

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D VIDAL, O M
STREET ADDRESS
168 HEMMING WAY
CITY-ST-ZIP
BOYNTON BEACH FL 33426

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 its 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 (561) 641-9440
Date Daytime Phone #

CR2E034 (11/98)