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

Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000036104 (3) **ROTH CHIROPRACTIC. P.A.** Principal Place of Business Mailing Address 7064 BERACASA WAY 7064 BERACASA WAY **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0670533 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROTH, JOHN D 4422 BRANDYWIND DR 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 8.3 84 City Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ROTH, JOHN D NAME 1.2 NAME CRZEG34 7064 BERACASA WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ROTH, LINDA 2.2 NAME STREET ADDRESS 7064 BERACASA WAY 23 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE 3.1 TITLE Change \_\_ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP City - St - ZIP DELETE Addition Change TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

P-Rott TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6.1 TITLE 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 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.

**FILED** 

5乙ょう 92-1フつつ

Change

Addition