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

DOCUMENT # P9600036104

ROTH CHIROPRACTIC, P.A.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90026 036 ***150.00

A ROBBING CONTRACTOR	LOLONGE LOLONGE S	LANN BANK ARKA	LENIA ONIAN MORNIO	

,									
Principal Place	e of Business	Mailing Address		יייסט וואיו ופוום פווון פקופס ווופם זוופס וווום פוום: פוו וקסונמס: ו	ופפו (פוק ,				
7064 BERACAS BOCA RATON F		7064 BERACASA WAY BOCA RATON FL 33433							
		•		DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed 04/22/1996					
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applie	d For				
21	•	26			pplicable				
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addi					
27				5. Certificate of Status Desired L3 Fee Requi	red				
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country			Country	8. This corporation owes the current year Intangible					
_	25	29 30		Personal Property Tax.	No				
24	9. Name and Address of Curre			10. Name and Address of New Registered Agent					
	J. Hamo and Adams and Adams		81 Name						
	H, JOHN D		22 01 111	(D.O. Davidson in Net Accordable)					
4422	BRANDYWIN DR		82 Street Address (P.O. Box Number is Not Acceptable)						
BOC	A RATON FL 89133- 3		83 11100	Q WAT by					
			7400	brany wind Dr					
			84 City	FI 185 200	% 7-				
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, t	he above-named corp	pration submits this statement for the purpose of changing its reg	istered				
office or n	egistered agent or both in the State	e of Florida. Such change was author	rized by the corporatio	on's board of directors. I hereby accept the appointment as regist	ered				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE: Regi	stered Agent signature required	d when reinstating) DATE	—				
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12				
TITLE	P	☐ DELETE	1.1 TITLE	Change [Addition 3				
NAME	ROTH, JOHN D		1.2 NAME	•					
STREET ADDRESS	7064 BERACASA WAY		1.3 STREET ADDRESS		[]				
CITY-\$T-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP						
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change	Addition C				
NAME	ROTH, LINDA		2.2 NAME		İ				
STREET ADDRESS	7064 BERACASA WAY		2.3 STREET ADDRESS		}				
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE	☐ Change	Addition				
NAME			3.2 NAME	·	Ì				
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY: ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	Change	Addition				
NAME [4. 2 NAME		[
STREET ADORESS			4.3 STREET ADDRESS		J				
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE			5.1 TITLE	☐ Change	☐ Addition				
NAME			5.2 NAME		,				
STREET ADDRESS		1	5.3 STREET ADDRESS		ļ				
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE	☐ Change	Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS		1				
			EACITY ST. 7ID						

14. 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: 5