

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

0517470

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90055 042 \*\*\*150.00

DOCUMENT # P96000078922

1. Corporation Name

~~INDIANTOWN CHIROPRACTIC CENTER, P.A.~~  
INDUSTRIAL HEALTH SOLUTIONS

Principal Place of Business  
15535 SW WARFIELD BLVD  
INDIANTOWN FL 34956  
US

Mailing Address  
POST OFFICE BOX 2010  
INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

59-3401720

☒ 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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3079 S.W. Martin Downs Blvd.

2a. Mailing Address

26 P.O. Box 680

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm City FL

City & State

28 Palm City FL

Zip

24 34990

Country

Zip

29 34991

Country

30

9. Name and Address of Current Registered Agent

HANSBROUGH, BRUCE A  
15535 SW WARFIELD BLVD.  
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
3079 S.W. Martin Downs Blvd.

83

84 City  
Palm City

FL

85 Zip Code  
34990

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 607.0695, Florida Statutes.

SIGNATURE *Bruce A. Hansbrough*

4-26-99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME HANSBROUGH, BRUCE A  
STREET ADDRESS 15535 SW WARFIELD BLVD.  
CITY-ST-ZIP INDIANTOWN FL

TITLE VP ☐ DELETE  
NAME HANSBROUGH, NANCY  
STREET ADDRESS 11764 S.W. VALENCIA CT.  
CITY-ST-ZIP PALM CITY

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 3079 S.W. Martin Downs Blvd.  
1.4 CITY-ST-ZIP Palm City FL 34990

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Hansbrough, Nancy  
2.3 STREET ADDRESS 11764 S.W. Valencia Ct.  
2.4 CITY-ST-ZIP Palm City, FL 34990

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 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: *Bruce A. Hansbrough* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 888-346-6104

Date

Daytime Phone #

CR2E034 (11/98)