

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED
Pg. 1062

97 AUG 14 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081065 (0)

1. Corporation Name
PINES WEST CHIROPRACTIC, INC.

Principal Place of Business
17035 NW PINES BLVD.
PEMBROKE PINES FL 33027

Mailing Address
17035 NW PINES BLVD.
PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1996

3a. Date of Last Report

4. FEI Number

660705019

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

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCKLEY, JOSEPH
18745 NW 1 ST.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

700002270267--7
-08/18/97--01135--011
***165.00 FL ***165.00

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 BUCKLEY, JOSEPH
STREET ADDRESS 18745 NW 1 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE
NAME MARTINEZ, DAMIAN
STREET ADDRESS 15118 SW 72 ST.
CITY-ST-ZIP MIAMI FL 33183

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 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

[Signature]

7/24/97

CR2E034 (4/97)

CHIROPRACTIC CENTERS



Dr. Joseph M. Buckley
Dr. Damian Martinez

JULY 24, 1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN:

HI, HOW ARE YOU? I HOPE HEALTHY AND HAPPY.

I AM WRITING THIS LETTER BECAUSE I DID NOT RECEIVE

THE FIRST DRAFT CORPORATION REPORT OF 1997.

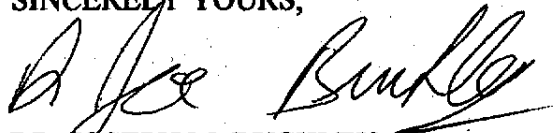
I DID RECEIVE THE 2ND NOTICE AND CALLED YOUR OFFICE.

THE PERSON TOLD ME TO SEND A CHECK IN THE AMOUNT

OF \$165.00 WITH THIS EXPLANATION.

THANK YOU.

SINCERELY YOURS,


DR. JOSEPH M. BUCKLEY

JMB/JL

PINES OFFICE

17035 S.W. Pines Blvd.
Pembroke Pines, FL 33027
Tel: 954-432-3343
Fax: 954-450-2565

AIRPORT-DORAL OFFICE

3900 N.W. 79th Ave.
Miami, FL 33166
Tel: 305-499-9968
Fax: 305-639-4766

WEST KENDALL OFFICE

15118 S.W. 72nd St.
Miami, FL 33193
Tel: 305-388-7577
Fax: 305-388-7851

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