

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90053 022 ***150.00

DOCUMENT # P97000004278

1. Corporation Name

WESLEY CHAPEL CHIROPRACTIC, INC.

Principal Place of Business

27505 STATE ROAD 54
WESLEY CHAPEL FL 33544

Mailing Address

27505 STATE ROAD 54
WESLEY CHAPEL FL 33544

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3326310

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 In angible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

REDWOOD, WAYNE
27505 STATE ROAD 54
WESLEY CHAPEL FL 33544

81 Name

REDWOOD, WAYNE

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

26650 S.R. 54

83

84 City

Wesley

FL

85 Zip Code
33544

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
STREET ADDRESS: REDWOOD, ALIYA M
CITY-ST-ZIP: 27505 STATE ROAD 54
WESLEY CHAPEL FL 33544

TITLE ☐ DELETE

NAME D
STREET ADDRESS: REDWOOD, WAYNE
CITY-ST-ZIP: 27505 STATE ROAD 54
WESLEY CHAPEL FL 33544

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 REDWOOD, ALIYA

1.3 STREET ADDRESS 26650 S.R. 54

1.4 CITY-ST-ZIP Wesley Chapel, FL 33543

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME REDWOOD, Wayne

2.3 STREET ADDRESS 26650 S.R. 54

2.4 CITY-ST-ZIP Wesley Chapel, FL 33543

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/99

813-973-2261

Date

Telephone #

CR2E034 (1/98)