

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # **P97000059335**  
1. Corporation Name  
**MERZ CHIROPRACTIC & HEALTH CENTER, INC.**

Principal Place of Business  
**4259 10TH AVE. NORTH  
LAKE WORTH FL 33461**

Mailing Address  
**4259 10TH AVE. NORTH  
LAKE WORTH FL 33461**

**FILED**

99 OCT 20 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/07/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0769788	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year	
				Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RICHARDSON, KEVIN F  
CLYATT & RICHARDSON, P.A.  
1551 FORUM PLACE STE. 300-F  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT J MERZ, DC	1.2 NAME	
STREET ADDRESS	4259 10TH AVE N	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL 33461	1.4 CITY-STATE-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	400003029714-3
STREET ADDRESS		2.3 STREET ADDRESS	-10/29/99--01085--014
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	***150.00 ***150.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99

Date

(661) 966-8800

Daytime Phone #

CR2E034 (5/99)



## MERZ CHIROPRACTIC & HEALTH CENTER

DR. SCOTT J. MERZ, B.S., D.C.

October 18, 1999

State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

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Re: Merz Chiropractic & Health Center, Inc.  
Tax I.D. #65-0769788

Dear Sir/Madam:

Please find enclosed my Annual Report and renewal fee of \$150.00. This fee was sent in April and was never received by the Division of Corporations. We have stopped payment on that check and have enclosed the Stop Payment Notice and the original check stub for the previous check.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact our office.

Sincerely,

  
Scott J. Merz, D.C.