

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90012 017 ***158.75

DOCUMENT # **P97000065956**

1. Corporation Name

WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.

Principal Place of Business

**4917 STATE ROAD 54
NEW PORT RICHEY FL 34652**

Mailing Address

**4917 STATE ROAD 54
NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

59-3459679

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23. City & State

24 Zip **25** Country

2a. Mailing Address

26 **P.O. BOX 39**

Suite, Apt. #, etc.

27. City & State

28 **ELFERS, FL**

Zip

29 **34680** **30** **FL**

9. Name and Address of Current Registered Agent

**MAJORANA, JAMES DC
4917 STATE ROAD 54
NEW PORT RICHEY FL 34652**

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

James D. Majorana

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MAJORANA, DR. JAMES D**
STREET ADDRESS **4484 SUMMERLAKE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **VP** ☐ DELETE

NAME **MAJORANA, CONSTANCE**
STREET ADDRESS **4484 SUMMERLAKE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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 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:

James D. Majorana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 727-842-7160

CR2E034 (11/98)