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

DOCUMENT # P97000088353

1. Corporation Name

AQUINO CHIROPRACTIC OF BOCA RATON, INC.

Principal Place of Business	Mailing Address
21685 STATE RD. 7	21685 STATE RD. 7
BOCA RATON FL 33428	BOCA RATON FL 33428

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90014 015 ***150.00



					,				
Principal Place	e of Business	Mailing Address)) (B(B) (B(B) (I))	• • • • • • • • • • • • • • • • • • •	
21685 STATE RD. 7 21685 STATE RD. 7									
BOCA RATON FL 33428 BOCA RATON FL 33428						DO NOT WRITE IN TH	e ebace		
						3. Date Incorporated or Qualifed	3 GF AOL		
	•					10/13/1997		ļ	
2 Principal Pl	lace of Business	2a. Mailing Address	•			4, FEI Number		oplied For	
21	acc of Business	26				65-0787602	No	ot Applicable	
	#, etc	Suite, Apt. #, etc.	fra Atarea -				\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee Re	equired	
City & State	e .	City & State				6. Election Campaign Financing	•	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24 25		29 30				Personal Property Tax. 10. Name and Address of New Registere			
 :	9. Name and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Registers	n var		
COR	PORATION SERVICE COMPANY	•							
1201 HAYS STREET			82		Street Addre	ess (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301-2525			83					
• ,									
• •	•			84	City	F	85 Zip	Code	
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnonzed	αbνι	ine corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered egistered	
SIGNATURE		/NOT	Ti Danistara	d Ament	Leignatura requirer	d when reinstation\ DATE			_
	Signature, typed or printed name of registered age			d Agent	t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	(00)
12.	OFFICERS AN	nt and title if applicable. (NOTI	E: Registered 13.		signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12	(44/00)
12.	OFFICERS AN	ND DIRECTORS	13.	ITLE	t signature required				(44/00)
12. TITLE NAME	OFFICERS AN AQUINO, ANTHONY	ND DIRECTORS	13. 1.1 π 1.2 N	TILE IAME	signature required				(00/14/00)
12. TITLE NAME STREET ADDRESS	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	ND DIRECTORS	13. 1.1 π 1.2 N 1.3 S	TILE IAME	ADDRESS				(44/06)
12. TITLE NAME	OFFICERS AN AQUINO, ANTHONY	ND DIRECTORS	13. 1.1 π 1.2 N 1.3 S	ITLE IAME TREET	ADDRESS				(44/06)
12. TITLE NAME: STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	ND DIRECTORS DELETE	13. 1.1 π 1.2 N 1.3 S 1.4 Cl	TILE TREET TTY-ST	ADDRESS		☐ Change	Addition	(00/14/ VGCTCCC)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	ND DIRECTORS DELETE	13. 1.1 π 1.2 N 1.3 S' 1.4 Cl 2.1 π 2.2 N	TILE AME TREET TTY-ST TILE AME	ADDRESS		☐ Change	Addition	(00/11/ MCCTCCC)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	ND DIRECTORS DELETE	13. 1.1 π 1.2 N 1.3 S' 1.4 Cl 2.1 π 2.2 N 2.3 S'	TILE AME TREET TTY-ST TILE AME	ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition	(00) FY (00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	ND DIRECTORS DELETE	13. 1.1 π 1.2 N 1.3 S' 1.4 Cl 2.1 π 2.2 N 2.3 S'	TILE AME TREET TIY-ST TILE AME TREET	ADDRESS -ZIP ADDRESS		☐ Change	Addition	(44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE	13. 1.1 π 1.2 N 1.3 S 1.4 C 2.1 π 2.2 N 2.3 S 2.4 C	TREET TREET TREET TREET TREET TREET	ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition	(90/11/ 100000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE	13. 1.1 Π 1.2 N 1.3 S 1.4 Cl 2.1 Π 2.2 N 2.3 S 2.4 C 3.1 Π 3.2 N	TILE AME TREET TILE AME TREET TREET TILE IME IME	ADDRESS -ZIP ADDRESS		☐ Change	☐ Addition	(90/14/06)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE	13. 1.1 TI 1.2 NI 1.3 S' 1.4 CI 2.1 TI 2.2 NI 2.3 S' 2.4 CI 3.1 TI 3.2 NI 3.3 S' 3.4 CI 3.4 CI	TITLE AME TREET TITY-ST TITLE AME TREET CITY-ST TITLE TAME TREET TITLE TAME TREET TITLE TREET TITLE TREET TITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition Addition	(44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE	13. 1.1 π 1.2 N 1.3 S 1.4 Cl 2.1 π 2.2 N 2.3 S 2.4 C 3.1 π 3.2 N 3.3 S 3.4 C 4.1 π	TITLE AME TREET TITY-ST TITLE AME TREET TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS		☐ Change	☐ Addition	(44)(00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE	13. 1.1 π 1.2 N 1.3 S 1.4 Cl 2.1 π 2.2 N 2.3 S 2.4 C 3.1 π 3.2 N 3.3 S 3.4 C 4.1 π 4.2 N	TITLE TREET TITY-ST TITLE TREET TITLE TITL	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition	(90/14/06)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE	13. 1.1 II 1.2 N 1.3 S 1.4 Cl 2.1 II 2.2 N 2.3 S 2.4 C 3.1 II 3.2 N 3.3 S 3.4 C 4.1 II 4.2 N 4.3 S	TITLE TREET TITLE TREET TITLE TREET TITLE TREET TITLE TREET TITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition	(44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE DELETE	13. 1.1 π 1.2 N 1.3 S 1.4 Cl 2.1 π 2.2 N 2.3 S 2.4 C 3.1 π 3.2 N 3.3 S 3.4 C 4.1 π 4.2 N 4.3 S 4.4 C	TITLE TREET TITY-ST TITLE TREET TREET TREET TREET	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition Addition Addition	(00) F F F F C L C C C
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CI 2.1 TT 2.2 N 2.3 S' 2.4 C 3.1 TT 3.2 N 3.3 S' 3.4 . C 4.1 TT 4.2 N 4.3 S' 4.4 C 5.1 TI	TITLE TREET TITY-ST TITLE TREET TITLE TREET TITLE TREET TITLE TREET TITLE TREET TITLE TREET TITLE TITLE TITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition	(44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE DELETE	13. 1.1 TT 1.2 N 1.3 S' 1.4 CI 2.1 TT 2.2 N 2.3 S' 2.4 C 3.1 TT 3.2 N 3.3 S' 3.4 . C 4.1 TT 4.2 N 4.3 S' 4.4 C 5.1 TT 5.2 N	TILE TREET TITY-ST TILE TREET TREET TREET TREET TILE TREET TILE TREET TILE TREET TILE TITY-ST TILE TITLE TITLE TITLE TITLE TAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition Addition Addition	V607477 7607000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE DELETE	13. 1.1 II 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TILE TREET TITY-ST TILE TREET TITE TITE TITE TITE TITE TITE TI	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition Addition Addition	V007E034 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE DELETE DELETE DELETE	13. 1.1 TT 1.2 N. 1.3 S' 1.4 Cl 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 C 5.1 TI 5.2 N. 5.3 S' 5.4 C	TILE TREET TITY-ST TILE AME TREET TITLE TREET TITLE TREET TITLE TREET TITLE TREET TITLE TREET TITLE TITLE TREET TITLE TI	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change Change Change	Addition Addition Addition Addition	(41/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPS AQUINO, ANTHONY 21685 STATE RD. 7	DELETE DELETE	13. 1.1 II 1.2 N 1.3 S' 1.4 Cl 2.1 Tl 2.2 N 2.3 S' 2.4 Cl 3.1 Tl 3.2 N 3.3 S' 3.4 . Cl 4.1 Tl 4.2 N 4.3 S' 4.4 Cl 5.1 Tl 5.2 N 5.3 S' 5.4 Cl 6.1 Tl	TILE AME TREET TITY-ST TILE AME TREET TILE AME TREET TILE AME TREET TILE TREET TILE TREET TILE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition Addition Addition	(44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AQUINO, ANTHONY 21685 STATE RD. 7 BOCA RATON FL 33428	DELETE DELETE DELETE DELETE	13. 1.1 II 1.2 N 1.3 S' 1.4 Cl 2.1 Tl 2.2 N 2.3 S' 2.4 C 3.1 Tl 3.2 N 3.3 S' 3.4 . C 4.1 Tl 4.2 N 4.3 S' 4.4 C 5.1 Tl 5.2 N 5.3 S' 5.4 C 6.1 Tl 6.2 N	TILE AME TREET TITY-ST TILE AME TREET TILE AME TREET TILE TREET TILE TITY-ST TILE TITY-ST TILE TITY-ST TILE TITY-ST TITLE TITY-ST TITLE TITY-ST TITLE TITY-ST TITLE TITY-ST TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITY-ST TITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change Change Change	Addition Addition Addition Addition	(44/08)

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:

REQUIRED

470-1055