## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000088681 (6)

NEWBERRY CHIROPRACTIC HEALTH SERVICES, INC.

## **FILED** May 01 1998 8:00am Secretary of State



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				4601 4014D #2107 6000 1104 1001
Principal Place of Business	Mailing Address		1 1884(1884 118 18144 18144 18144 18144 18144 18144 18144 181	lim, imism mermi sheme feat shall
2714 N.W. 46TH PLACE	2714 N.W. 46TH PLACE			
GAINESVILLE FL 32605	GAINESVILLE FL 32005		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			10/13/1997	
2. Principal Place of Business	2a. Mailing Address	<b>*</b>	4. FEI Number	Applied For
21 25425 W. Newberry	RU 26 PO BOX	1719	59-3464808	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22]	City & State	· · · · · · · · · · · · · · · · · · ·		
City & State  23 Newberry, Florion	L ′ \	, Floripa	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	710	Country	This corporation owes or has paid the cu	
24 32669 25 USA	- <del> </del>	30 USA	Personal Property Tax due June 30.	Yes 📉 No
9. Name and Address of Curr			10. Name and Address of New Registered	J Agent
FELHEIM, RHONDA S		81 Name		
2714 N.W. 48TH PLACE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32605				
_		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0		<u> </u>	FI	
agent. I am familiar with, and accept the ob				
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable (NOTE	Registered Agent signature roqui		
SIGNATURE Signature, typind or printed name of registered	AND DIRECTORS	13.	red when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	
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