

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

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90001 018 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000022315**

1. Corporation Name

**CHIROPRACTIC AND NUTRITION CENTERS OF FLORIDA, I  
NC.**

Principal Place of Business

**14959 CALIB DRIVE  
FORT MYERS FL 33908**

Mailing Address

**14959 CALIB DRIVE  
FORT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/10/1998**

4. FEI Number

**650826517**

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 Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

**21 24810 BURNT PINE DRIVE**

Suite, Apt. #, etc.

**SUITE 102**

City & State

**BONITA SPRINGS, FL.**

Zip

**34134-1973**

Country

**USA**

2a. Mailing Address

**26 24810 BURNT PINE DRIVE**

Suite, Apt. #, etc.

**SUITE 102**

City & State

**BONITA SPRINGS, FL.**

Zip

**34134-1973**

Country

**USA**

9. Name and Address of Current Registered Agent

**DAVID SIDNEY  
TOLSON  
NAMES REPAIR**

10. Name and Address of New Registered Agent

81 Name

**ROBERT J. O'BRIEN**

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

**14959 CALIB DRIVE**

84 City

**FORT MYERS**

FL

85 Zip Code

**33908**

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)

**June 16, 1999.**

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**P.**

**DOUGLAS A. MERLO D.C.**

**24810 BURNT PINE DRIVE**

**BONITA SPRINGS FL. 34134-1973**

**V.**

**HELENA B. O'BRIEN**

**14959 CALIB DRIVE**

**FORT MYERS FL 33908**

**T.**

**ROBERT J. O'BRIEN**

**14959 CALIB DRIVE**

**FORT MYERS FL 33908**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

**Dr. Douglas A. Merlo**

**June 16, 1999**

**(940) 948-3280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #