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FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90046 020 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000025763

1. Corporation Name

CHIROPRACTIC INJURY & TRAUMA CENTERS, INC.

Principal Place of Business

600 W OAKRIDGE RD
ORLANDO FL 32809

Mailing Address

600 W OAKRIDGE RD
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

59-3497913

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

9. Name and Address of Current Registered Agent

PAYNE, MARC A
2826 SHADER RD
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81. Name

CAFIERO, ANTHONY

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

600 W OAKRIDGE RD

83.

84. City

ORLANDO

FL

85. Zip Code

32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS CAFIERO, ANTHONY
CITY-ST-ZIP 600 W OAKRIDGE RD
ORLANDO FL 32809

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

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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:

Anthony Cafiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-99

407-786-0117

CR2E034 (11/98)