

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90105 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000039014 1. Corporation Name CHIRO CAP CARE INC.		



Principal Place of Business 5440 MARINER STREET SUITE 112 TAMPA FL 33609	Mailing Address 5440 MARINER STREET SUITE 112 TAMPA FL 33609
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/29/1998	
4. FEI Number 59-3507407		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		7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent ARAUJO, RONALD J.L. 5440 MARINER STREET SUITE 112 TAMPA FL 33609			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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE NAME ARAUJO, RONALD J.L. STREET ADDRESS 5440 MARINER STREET SUITE 112 CITY-ST-ZIP TAMPA FL 33609	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	
TITLE ☐ DELETE NAME STREET ADDRESS 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	
TITLE ☐ DELETE NAME STREET ADDRESS 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: X

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (1/98)