

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
2002



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

FILED

02 OCT 25 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018794

1. Corporation Name

Secor, Family Chiropractic Center, PA

Principal Place of Business

Mailing Address

2220 Hwy 44 Sest. #C2  
INVERNESS, FL 34453

2220 Hwy 44 Sest. #C2  
INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/1/1999

4. FEI Number

52-2159774

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kovach, Michael T.  
106 W. Oscola Ave.  
Inverness, FL 34450

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 President  
NAME Secor, Trevor  
STREET ADDRESS 5121 E. Tenison Street  
CITY-ST-ZIP INVERNESS, FL 34452

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

900008591419  
10/25/02--01041--012 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Trevor Secor

9/20/02 (352) 341-3111

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
5050 W. TENNESSEE STREET  
TALLAHASSEE, FLORIDA 32399

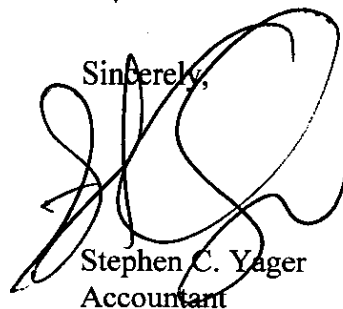
STEPHEN C. YAGER - TAX & ACCOUNTING SERVICE  
P.O. BOX 160  
OCALA, FLORIDA 34478

re: Corporate annual report for Seconi Family Chiropractic Center, PA.

Dear FLORIDA DEPARTMENT OF STATE:

This letter is to inform the Florida Department of State that according to me and my clients records no corporate annual report was sent to either location to be filed. Since my client has never had this problem in this past we would appreciate the late penalty to be waived and the check inclosed in the amount of \$150.00 to be rendered paid in full and full reinstatement of this corporation. Thanks for your consideration..

Sincerely,



Stephen C. Yager  
Accountant