

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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00523

(8)

1. Corporation Name
CHIROHEALTH CORPORATION

Principal Place of Business
1255 WEST 46TH STREET, SUITE 17
HIALEAH FL 33012-4241

Mailing Address
1255 WEST 46TH STREET, SUITE 17
HIALEAH FL 33012-3258

3. Date Incorporated or Qualified
09/10/1990

3a. Date of Last Report
04/05/1996

2. Principal Place of Business
21 8498 SW 8 Street
Suite, Apt. #, etc.

2a. Mailing Address
26 8498 SW 8 Street
Suite, Apt. #, etc.

4. FEI Number
65-0217514
Applied For
Not Applicable

22 City & State
23 Miami- Florida

27 City & State
28 Miami- Florida

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33144
25 DADE

29 33144
30 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EXPOSITO VIVIAN
1255 WEST 46 STREET
SUITE 17
HIALEAH FL 33012

81 Name Amaro Exposito
82 Street Address (P.O. Box Number is Not Acceptable)
8498 SW 8 Street
83
84 City Miami FL 85 Zip Code 33144

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 *Amaro Exposito*
Signature of typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

2-25-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	EXPOSITO, AMARO	1255 WEST 46 ST., SUITE 17	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE: *Amaro Exposito*
Signature and typed or printed name of signing officer or director

2-25-97 (305) 261-1180
Date Daytime Phone #

CR2E034 (9/96)