

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S14967

(1)

1. Corporation Name

HILL CHIROPRACTIC CLINIC, INC.

Principal Place of Business

**8811 STATE ROAD 52
HUDSON FL 34667**

Mailing Address

**8811 STATE ROAD 52
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1990

3a. Date of Last Report

04/13/1994

4. FEI Number

59-3035748

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**

6. This corporation has liability for intangibles tax under s. 195.032/
Florida Statutes.

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILL, JOHNNY G. D.C.
8811 STATE ROAD 52
HUDSON FL 34667**

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 601.0402 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 provisions of Section 607.1508, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (If not registered agent, signature of President/Director)

Signature of New Registered Agent (If not registered agent, signature of President/Director)

Signature of Secretary of State

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1

**D
HILL, JOHNNY G., D.C.
8811 STATE ROAD 52
HUDSON FL**

13.1

NAME

☐ Change ☐ Addition

12.2

**HILL, JOHNNY G., D.C.
8811 STATE ROAD 52
HUDSON FL**

13.2

NAME

☐ Change ☐ Addition

12.3

**HILL, JOHNNY G., D.C.
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HUDSON FL**

13.3

NAME

☐ Change ☐ Addition

12.4

**HILL, JOHNNY G., D.C.
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13.4

NAME

☐ Change ☐ Addition

12.5

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13.5

NAME

☐ Change ☐ Addition

12.6

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13.6

NAME

☐ Change ☐ Addition

12.7

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13.7

NAME

☐ Change ☐ Addition

12.8

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13.8

NAME

☐ Change ☐ Addition

12.9

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13.9

NAME

☐ Change ☐ Addition

12.10

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13.10

NAME

☐ Change ☐ Addition

12.11

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13.11

NAME

☐ Change ☐ Addition

12.12

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13.12

NAME

☐ Change ☐ Addition

12.13

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13.13

NAME

☐ Change ☐ Addition

12.14

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NAME

☐ Change ☐ Addition

12.15

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☐ Change ☐ Addition

12.16

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NAME

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12.17

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13.17

NAME

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12.18

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13.18

NAME

☐ Change ☐ Addition

12.19

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13.19

NAME

☐ Change ☐ Addition

12.20

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13.20

NAME

☐ Change ☐ Addition

12.21

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13.21

NAME

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12.22

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13.22

NAME

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12.23

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13.23

NAME

☐ Change ☐ Addition

12.24

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13.24

NAME

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12.25

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NAME

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12.26

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NAME

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12.27

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12.28

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NAME

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12.29

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13.29

NAME

☐ Change ☐ Addition

12.30

**HILL, JOHNNY G., D.C.
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HUDSON FL**

13.30

NAME

☐ Change ☐ Addition

SIGNATURE:

Joyce P. Hill
Joyce P. Hill, Vice Pres

Johnny G. Hill D.C.
Johnny G. Hill, President/Director

4-30-95

813 856-0777