

4-5-95-8-4797-MC
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:38

DOCUMENT # S26361

(3)

1. Corporation Name

PAVLIK CHIROPRACTIC GROUP, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2014 S. ORANGE AVE.
ORLANDO FL 32806

Mailing Address

2014 S. ORANGE AVE.
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/02/1991

3a. Date of Last Report

07/08/1994

4. FEI Number

59-3047024

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 2016 S. ORANGE AVE.

2a. Mailing Address

26 2016 S. ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO FL

27 City & State

28 ORLANDO FL

24 Zip

32806

25 Country

ORANGE

29 Zip

32806

30 Country

ORANGE

9. Name and Address of Current Registered Agent

PAVLIK, DANIEL J.
2014 S. ORANGE AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

PAVLIK, DANIEL J.

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

2016 S. ORANGE AVE

83

84 City

ORLANDO

FL

85 Zip Code

32806

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PAVLIK, DANIEL J.
STREET ADDRESS 2014 S. ORANGE AVE
CITY - ST - ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

P;C
PAVLIK, DANIEL J.
2016 S. ORANGE AVE
ORLANDO, FL. 32806

☒ Change ☐ Addition

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

S
PAVLIK, REBECCA
2016 S. ORANGE AVE
ORLANDO, FL. 32806

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95

407 423 4799

Date

Signature Number