

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **S38688** (5)
1. Corporation Name
TUCHINSKY CHIROPRACTIC LIFE CENTER, INC.

95 MAY -1 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1685 W 49TH ST
HIALEAH FL 33012**

Meeting Address
**1685 W 49TH ST
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Filing date of this report	3a. Date of Last Report
03/18/1991	05/01/1994
4. FEE Number	Applied For
65-0272434	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 is a subsidiary of another corporation	Yes ☒ No ☐
8. This corporation is a subsidiary of another corporation	Yes ☒ No ☐

2. Principal Place of Business	2a. Meeting Address
1685 W 49TH ST HIALEAH FL 33012	1685 W 49TH ST HIALEAH FL 33012
21. State of Florida	26. Filing Agent Address
FL	1685 W 49TH ST HIALEAH FL 33012
22. City & State	27. City & State
HIALEAH FL	HIALEAH FL
23. City & State	28. City & State
HIALEAH FL	HIALEAH FL
24. City & State	29. City & State
HIALEAH FL	HIALEAH FL
25. City & State	30. City & State
HIALEAH FL	HIALEAH FL

9. Name and Address of Current Registered Agent

**TUCHINSKY, DAVID
1685 W 49TH STREET
HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (Do Not Number, Not Applicable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear to me, and I am not aware of any facts which would render the same incorrect or misleading.

DEPARTMENT

12. Name and Address of Registered Agent	13. Name and Address of Registered Agent
TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL	TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL
14. Name and Address of Registered Agent	15. Name and Address of Registered Agent
TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL	TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL
16. Name and Address of Registered Agent	17. Name and Address of Registered Agent
TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL	TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL
18. Name and Address of Registered Agent	19. Name and Address of Registered Agent
TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL	TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL
20. Name and Address of Registered Agent	21. Name and Address of Registered Agent
TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL	TUCHINSKY, DAVID 5000 N 37TH ST HOLLYWOOD FL S TUCHINSKY, JODI L. 5000 N 37TH ST HOLLYWOOD FL

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts as the same appear to me, and I am not aware of any facts which would render the same incorrect or misleading.

SIGNATURE:

John Tuchinsky
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICE OR AGENT

x 4/30/95

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Sandra B. Montano
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S40352**

(4)

ARCADIA REALTY INVESTMENTS, INC.

APPROVED
FILED

COMM. # 07

FILED
FEB 14 1996
TALLAHASSEE, FLORIDA

Principal Office Address
**4434 NORTH BAY ROAD
MIAMI BEACH FL 33140**

Mailing Address
**4434 NORTH BAY ROAD
MIAMI BEACH FL 33140**

For Agent, please check box(es)

3. Date of Report 03/25/1991	3a. Date of Report 04/28/1994
4. Filing Number 65-0266236	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 insurance for directors and officers. ☒ Yes ☐ No	

2. Principal Office Address	2a. Mailing Address
21. State of Incorporation	26. State of Incorporation
22. City or County	27. City or County
23. Zip Code	28. Zip Code
24. Name of Agent	29. Name of Agent
25. Address of Agent	30. Address of Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERKOWITZ, ABBEY
4434 NORTH BAY ROAD
MIAMI BEACH FL 33140**

01. Name	05. State
02. Street Address of Office (If Not Applicable)	
03. City or County	
04. Zip Code	

11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am a resident of the State of Florida, and that I am a resident of the State of Florida.

12. Name of Agent	VS	13. Name of Agent	VS
Address of Agent	BERKOWITZ, ABBEY	Address of Agent	BERKOWITZ, ABBEY
City or County	4434 NORTH BAY ROAD	City or County	4434 NORTH BAY ROAD
Zip Code	MIAMI BEACH FL	Zip Code	MIAMI BEACH FL
Name of Agent	P	Name of Agent	P
Address of Agent	BERKOWITZ, MURRAY	Address of Agent	BERKOWITZ, MURRAY
City or County	4434 NORTH BAY ROAD	City or County	4434 NORTH BAY ROAD
Zip Code	MIAMI BEACH FL	Zip Code	MIAMI BEACH FL
Name of Agent		Name of Agent	
Address of Agent		Address of Agent	
City or County		City or County	
Zip Code		Zip Code	
Name of Agent		Name of Agent	
Address of Agent		Address of Agent	
City or County		City or County	
Zip Code		Zip Code	
Name of Agent		Name of Agent	
Address of Agent		Address of Agent	
City or County		City or County	
Zip Code		Zip Code	
Name of Agent		Name of Agent	
Address of Agent		Address of Agent	
City or County		City or County	
Zip Code		Zip Code	
Name of Agent		Name of Agent	
Address of Agent		Address of Agent	
City or County		City or County	
Zip Code		Zip Code	

14. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am a resident of the State of Florida, and that I am a resident of the State of Florida.

SIGNATURE:

Abbey Berkowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95 531-5771