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FILED
Jun 24 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 # S60119 (2)

1. Corporation Name

COORDINATED CHIROPRACTIC CARE, INC.

Principal Place of Business

1250 S HWY 1792
120
LONGWOOD FL 32770
US

Mailing Address

1250 S HWY 1792
120
LONGWOOD FL 32770
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 32750 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 32750 Country

3. Date Incorporated or Qualified

06/06/1991

3a. Date of Last Report

06/28/1996

4. FEI Number

59-3068467

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

9. Name and Address of Current Registered Agent

ENGEL, BARRY
1250 S HIGHWAY 1792, SUITE 120
LONGWOOD FL 32770
32750

10. Name and Address of New Registered Agent

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

TITLE VSD
NAME CLIFFORD, NIERENBERG
STREET ADDRESS 1684 PEREGRINE PT DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE PD
NAME BECKER, IRVING J.
STREET ADDRESS 128 WEATHER BURN DRIVE
CITY-ST-ZIP ROSWELL GA

TITLE ~~VO~~
NAME ~~HARVEY JOHN~~
STREET ADDRESS ~~1230 DOUGLAS AVE. #200~~
CITY-ST-ZIP ~~LONGWOOD FL 32770~~

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

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

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

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

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

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

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 if changed, or on an attachment with an address.

SIGNATURE: IRVING J. BECKER 6/14/97 770-643-4891

CR2E034 (9/96)