FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S72749** **(2)**

1. Corporation Name

BELLE TERRE CHIROPRACTIC AND PAIN MANAGEMENT GRO UP, INC.

Principal Place of Business	Mailing Address
7800 WEST OAKLAND PARK BLVD STE E-115 SUNRISE FL 33351 US	7800 W OAKLAND PARK BLVD E-115 SUNRISE FL 33351-6467 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1991

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 65-0278167 ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DIAZ, RALPH~~
~~1401 UNIVERSITY DRIVE~~
~~SUITE 302~~
~~CORAL SPRINGS FL 33071~~

10. Name and Address of New Registered Agent

81 Name: Anthony Vomero

82 Street Address (P.O. Box Number is Not Acceptable): 7800 W Oakland Park Blvd.

83: Suite E-115

84 City: Sunrise **FL** 85 Zip Code: 33351

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: _____ DATE: 5-5-95

(Signature of the typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	VOMERO ANTHONY	12 NAME		
STREET ADDRESS	7800 W OAKLAND PARK BLVD STE E-115	13 STREET ADDRESS		
CITY ST ZIP	SUNRISE FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	MERRIT MARVIN J	22 NAME		
STREET ADDRESS	7800 W OAKLAND PARK BLVD STE E-115	23 STREET ADDRESS		
CITY ST ZIP	SUNRISE FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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: Dr. Anthony Vomero 4-20-95 (305) 746-5860

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) — Date — Daytime Phone #

0230031 CP