

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S81010 (8)**
1. Corporation Name
T.L.C. CHIROPRACTIC CENTER, INC.



Principal Place of Business Mailing Address
12781 S.W. 42ND ST. SUITE G MIAMI FL 33175 **12781 S.W. 42ND ST. SUITE G MIAMI FL 33175**

3. Date Incorporated or Qualified **09/18/1991** 3a. Date of Last Report **09/26/1995**
4. FEI Number **65-0284044** 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 2a. Mailing Address
21 **6445 SW 8 street.** 26 **P.O. Box 960782**
Suite, Apt #, etc. Suite, Apt #, etc.
22 City & State 27 City & State
23 **MIAMI FL** 28 **MIAMI FL**
Zip Country Zip Country
24 **33144** 25 **USA** 29 **33296** 30 **USA**

9. Name and Address of Current Registered Agent
GIRALDEZ, SERGIO
12781 S.W. 42ND ST.
SUITE G
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name **Sergio Giraldez**
82 Street Address (P.O. Box Number is Not Acceptable) **6502 KENDALE LAKES DR. #205**
83
84 City **MIAMI** FL 85 Zip Code **33183**

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 *Sergio Giraldez* **Sergio Giraldez** **7-23-96**
Signature, typed or printed name of registered agent and title, if applicable. (Both Registered Agent's signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIRALDEZ, SERGIO	
STREET ADDRESS	12781 S.W. 42ND ST. #G	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Sergio Giraldez	
13 STREET ADDRESS	6502 KENDALE LAKES DR. #205	
14 CITY-ST-ZIP	MIAMI FL 33183	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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 119.02(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sergio Giraldez* **Sergio Giraldez** **7-23-96** **496-7789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dyline Phone #

CR2E034 (3/96)