

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MATHIAS
Secretary of State
1000 BANK OF AMERICA CENTER
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 MAY -1 PM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S85112**

(8)

1. Corporation Name

FAMILY CHIROPRACTIC CENTER, P.A.

1716 W COLONIAL DR
ORLANDO FL 32804

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ORLANDO FL 32804

3. Date of Report Due
09/18/1991

3a. Date of Report Filed
05/01/1994

2. Principal Office Location 21 State: FL City: Orlando	2a. Mailing Address 26 State: FL City: Orlando	4. FID Number 65-0285987	Agency Fee Not Applicable
22. State Agent Name	27. State Agent Address	5. Certificate of Status Fee \$8.75 Additional Fee Required	
23. City Agent	28. City Agent Address	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24. Country USA	29. Country USA	7. Has Corporation been subject to a change of control? Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**HORWITZ, WAYNE
3511 W. COMMERCIAL BLVD.
SUITE 402
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (If Not Applicable, Put "Not Applicable")	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 601, 602, and 603, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered agent as required by law. The change of agent is being made by the corporation's board of directors or, if the corporation is a limited liability company, by the appropriate governing body. The change of agent is being made in accordance with the provisions of Sections 601, 602, and 603, Florida Statutes.

12. Director/Officer/Shareholder Information	13. Director/Officer/Shareholder Information
D ROSEN, GREGG M. 138 W BOYNTON BEACH BLVD BOYNTON BEACH FL P GREEN, MICHAEL 2033 LAKE DRIVE ORLANDO FL	BIG WHITE OAK CIRCLE MAITLAND, FL 32751 DIRECTOR MICHAEL HEMPHREYS 721 BUTCHER ROAD MAITLAND, FL 32751

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that the corporation is in good standing with the State of Florida. I am a director, officer, or shareholder of the corporation, and I am authorized to sign this statement on behalf of the corporation. I understand that this statement is a public record and that it will be available to the public. I understand that this statement is a public record and that it will be available to the public.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR