## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04693

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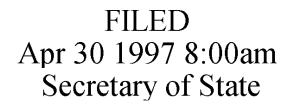
BARRINGER CHIROPRACTIC CLINIC, INC.

Mailing Address

2020 REE BIDGE ROAD

Principal Place of Business

2920 BEE RIDGE ROAD





SARASOTA FL 34239		SARASOTA FL 34239-71	SARASOTA FL 34239-7117					
							Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	
21 26		26			65-0312073	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	.75 Additional	
22		27			5. Certificate of otatos besileo	F	ee Required	
City & State		City & State	<b>n</b> '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip Country			Zip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	,		1 2 3 -		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
BAR	RINGER, KEITH A.		8	1 Name				
	BEE RIDGE ROAD		8	Otto al Ada	dress (P.O. Box Number is Not Acceptab	le)		
	ASOTA FL 34239		l°	Z Street Add	riess (P.O. Box Number is Not Acceptab	ie)		
•			8	3				
			_			11	7	
			8	4 City		FL  85	Zip Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Standard familiar with, and accept the obl	502 and 607.1508, Florida Statate of Florida. Such change wailigations of, Section 607.0505,	tules, the abo is authorized l Florida Statul	ve-named cor by the corpora es.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of chan- of the appointme	ging its registered ent as registered	
SIGNATORE	Signature, typed or printed name of registered		IOTE Registered A	gant signature requ	ired when reinstaling)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D	DELETE	1111111			☐ CI	nange L Addition	
NAME	BARRINGER, KEITH A.		1.2 NAM	1				
STREET ADDRESS	2920 BEE RIDGE ROAD		1.3 STRE	et address				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY					
TITLE	D	DELETE	2.1 THLE				nange [_] Addition	
NAME	BARRINGER, JUDITH A		2.2 NAM	<u> </u>				
STREET ADDRESS	4429 N LAKE DR		2.3 STRE	FT ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		2. 4 CITY					
TITLE		☐ DELETE	3.1 TO LE			☐ CI	nange	
NAME	1		3.2 NAM	i				
STREET ADDRESS				CT ADDRESS				
CITY-ST-ZIP		DELETE		-SI-ZIP		□ Cr	nange Addition	
··· <del></del>		ביו טנונונ	4.1 TITLE				range [] Addition	
NAME			4. 2 NAM	<b>1</b>				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 C/1Y			□ CI	nange Addition	
TITLE			511111			L 0	imigo L. Audition	
NAME SZOCET ABODEOU	•		5.2 NAM					
STREET ADDRESS	ļ			ET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY				hange Addition	
TITLE		F" DETEIF	6.1 11118			<b>L</b>	nange LI Addition	
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	1		6.4 CITY	- ST- 2IP				

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 combination 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.