

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:40

DOCUMENT # **V06021 (2)**

1. Corporation Name

**NORTHSIDE CHIROPRACTIC CLINIC, PROFESSIONAL ASSOCIATION**

Principal Place of Business

Mailing Address

3000 DUNN AVE  
SUITE 43  
JACKSONVILLE FL 32218

3000 DUNN AVE  
SUITE 43  
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/10/1992</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-3138572</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Auto Apt # etc	26. Mailing Address Auto Apt # etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

**STANTON, WILLIAM V.  
601 MANDALAY RD  
JACKSONVILLE FL 32218**

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)

IF 501

Registered Agent signature required when mandatory

501

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>RHODES, STEVEN L.</b>
STREET ADDRESS	<b>14604 LAGOON DR</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
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 law under 190.030(4), 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 in the state. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1395

904-764-5620