

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

**APPROVED  
AND  
FILED**

**96 JAN 23 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # V06021 (2)**

**1. Corporation Name  
NORTHSIDE CHIROPRACTIC CLINIC, PROFESSIONAL ASSO  
CIATION**



**Principal Place of Business Mailing Address**  
**3000 DUNN AVE SUITE 43 JACKSONVILLE FL 32218**  
**3000 DUNN AVE SUITE 43 JACKSONVILLE FL 32218**

**3. Date Incorporated or Qualified** 01/10/1992  
**3a. Date of Last Report** 01/18/1995  
**4. FEI Number** 59-3138572  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**  
**6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**  
**21** Suite Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

**2a. Mailing Address**  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STANTON, WILLIAM V.  
601 MANDALAY RD  
JACKSONVILLE FL 32216**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code **FL**

**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** *William V. Stanton*

(NOTE: Registered Agent signature required when reinstating)

**1-19-96**

**DATE**

**12. OFFICERS AND DIRECTORS**

**TITLE**  DELETE  
**NAME** **D RHODES, STEVEN L.**  
**STREET ADDRESS** **14604 LAGOON DR**  
**CITY - ST - ZIP** **JACKSONVILLE FL**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition  
**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS** **2408 Pine Island Ct**  
**1.4 CITY - ST - ZIP** **JACKSONVILLE FL 32224**

Change  Addition  
**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

Change  Addition  
**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**  
**800001707688**  
**-02/06/96--01077--007**  
**\*\*\*\*200.00 \*\*\*\*200.00**

Change  Addition  
**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY - ST - ZIP**

Change  Addition  
**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**  
**1-23-96**

Change  Addition  
**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *[Signature]* **1/19/96** **904 764-5620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)