

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

**APPROVED
AND
FILED**

95 APR 18 PM 9:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V18066 (3)

1. Corporation Name

BRICKELL AREA CHIROPRACTIC, P.A.

Principal Place of Business

**1415 SE GLENCOE CT.
PORT ST. LUCIE FL 34952**

Mailing Address

**1415 SE GLENCOE CT.
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

11/28/1994

4. FEI Number

65-0319614

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

21 1775 Port St. Lucie Blvd.

2a. Mailing Address

26 P.O. Box 7614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Port St. Lucie, FL

City & State

28 Port St. Lucie, FL

Zip

Country

24 34952

25 USA

Zip

Country

29 34985

30 USA

9. Name and Address of Current Registered Agent

**BERRY, LISA M.
1415 SE GLENCOE CT.
PORT ST. LUCIE FL 34952**

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**
**D
BERRY, LISA M
1415 SE GLENCOE CT.
PORT ST. LUCIE FL 34952**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Lisa M. Berry

4.14.95

407.335.3660