FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # V27507 (5)

1. SABAL PALM CHIROPRACTIC CENTER, INC.

5361 NE 2ND AVE
2
MIAMI FL 33137
US

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2
MIAMI FL 33137
US

3. Date of Incorporation/Qualification: 04/06/1992

3a. Date of Last Report: 04/28/1994

4. FEI Number: 65-0331724 — 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. The corporation has taken or intends to take action under S. 140.047 Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ALPERT MARTIN J DR
5361 NE 2ND AVENUE, SUITE #2
MIAMI FL 33137

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 Section 607.0501, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Dr. Martin J. Alpert, Dr. Martin J. Alpert, President/Pres. 4/26/95

12. OFFICERS AND DIRECTORS

DP
ALPERT, MARTIN J.
5361 NE 2ND AVE
MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate, complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I hereby certify that the information indicated on the 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Dr. Martin J. Alpert, Dr. Martin J. Alpert, President/Pres. 4/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: 305-751-9993

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