


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

FILED

May 06 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # V27507 | | | |
| 1. Corporation Name SABAL PALM CHIROPRATIC CENTER, INC. | | | |
| Principal Place of Business 300 WEST SUNRISE BLVD. STE. 7 FORT LAUDERDALE, FL. 33311 | | Mailing Address 300 WEST SUNRISE BLVD. SUITE 7 FORT LAUDERDALE, FL. 33311 | |
| 2. Principal Place of Business 21 300 WEST SUNRISE BLVD. Suite, Apt. #, etc. 22 Suite 7 City & State 23 FORT LAUDERDALE, FL. Zip 24 33311 Country 25 USA | | 2a. Mailing Address 26 300 WEST SUNRISE BLVD. Suite, Apt. #, etc. 27 Suite 7 City & State 28 FT. LAUDERDALE, FL. Zip 29 33311 Country 30 USA | |
| 3. Date Incorporated or Qualified 4/6/92 | | 3a. Date of Last Report 5/1/96 | |
| 4. FEI Number 65-0331724 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent DR. MARTIN J. ALPERT 300 WEST SUNRISE BLVD., STE. 7 FORT LAUDERDALE, FL. 33311 | | 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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____ | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE Director/President <input type="checkbox"/> DELETE 1.2 NAME DR. MARTIN J. ALPERT 1.3 STREET ADDRESS 300 WEST SUNRISE BLVD., STE. 7 1.4 CITY-ST-ZIP FORT LAUDERDALE, FL. 33311 | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
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| 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 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. | | 300002181123 -05/16/97--01036--009 ***173.75 | |
| SIGNATURE: DR. Martin J. Alpert | | Date: 4/25/97 Daytime Phone #: 954-524-1416 | |

CR2E034 (9/96)