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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # V41701

(6)

ANDERSON CHIROPRACTIC CENTER, INC. Principal Place of Business Mailing Address								
202 NORTH HOWARD AVENUE TAMPA FL 33606		202 NORTH HOWARD AVENUE TAMPA FL 33606						
					3. Date Incorporated or Qualified 06/09/1992		01/1995	5
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-3107528			pplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.					ot Applicable Additional	
2	, 610.	27]			5. Certificate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing	<u></u>	\$5.00	May Be
3		28			Trust Fund Contribution			to Fees
Zip ⊐	Country	Zip	Coun	try	8. This corporation has liability for	or intangible tax es X No	under s 1	199.032,
<u> </u>	25 9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes Ye 10. Name and Address of New		gent	
	g, Marile and Address of Softe	in the gloteless rigon		Name				
SI AYMAR	(ER, THOMAS E.		ļ.	32 Street Add	dress (P.O. Box Number is Not Accept	abla)		
	. HWY. 44]*	Street Acc	gress (F.O. Box Number is Not Accept	acrej		
SUITE C-			Ţ	3				
INVERNE:	SS FL 32650		<u> </u>	34 City			85 Zip	Code
				- '		FL_	'	
11. Pursuant to or registers	ed agent, or both, in the State of Flor	rida. Such change was auth	orized by the co	e-nameu corpc rporation's boa	oration submits this statement for the p ard of directors. I hereby accept the ap	opointment as re	ging its re egistered a	agent. I am
familiar with	n, and accept the obligations or, sec	ction 607.0505, Florida State	utes.					
familiar with SIGNATURE	Signature, typed or printed manic of registered ager	nd ado title if applicable	(NOTE: Registered A		red when reinstating):	DATE		
familiar with	Signature, typod or printed name of registered ager OFFICERS AN	ncaro tise d'applicable RACCORS	(NOTE: Registered A	gent signaturé recjuir		FFICERS AND D		
familiar with SIGNATURE: 12.	Signature, typed or printed name of registered age OFFICE RS AN	nd ado title if applicable	(NOTE: Registered A. 1.1 1) [gent signature recjeir	red when reinstating):	FFICERS AND D	DIRECTOF Change	RS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.96