**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**
**AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

APPROVED AND FILED

94 AUG -8 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47554 (3)

1. Corporation Name
HUTCHINS CHIROPRACTIC CLINIC, P.A.

Mailing Address
~~6317-B SEALAWN DRIVE~~
~~SPRING HILL FL 34607~~

Principal Place of Business
~~6317-B SEALAWN DRIVE~~
~~SPRING HILL FL 34607~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1992
3a. Date of Last Report: 05/01/1993

2. Mailing Address
21 4040 ORIENT DRIVE
Suite, Apt. #, etc.
22
City & State
23 SPRING HILL, FL
Zip 24 34607 Country 25 HERNANDO

2a. Principal Place of Business
26 4040 ORIENT DRIVE
Suite, Apt. #, etc.
27
City & State
28 SPRING HILL, FL
Zip 29 34607 Country 30 HERNANDO

4. FEI Number: 59-3128894
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUTCHINS, ARTHUR R.
~~6317-B SEALAWN DR.~~
~~SPRING HILL FL 34607~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4040 ORIENT DRIVE
83
84 City: SPRING HILL, FL 85 Zip Code: 34607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable — New Registered Agent's signature required when mandatory — Date

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS |
|---|---|---|
| 11 TITLE | D | D/P/S/T |
| 12 NAME | HUTCHINS, ARTHUR | HUTCHINS, ARTHUR R. |
| 13 STREET ADDRESS | ~~6317-B SEALAWN DRIVE~~ | 4040 ORIENT DRIVE |
| 14 CITY ST ZIP | ~~SPRING HILL FL~~ | SPRING HILL, FL 34607 |
| 21 TITLE | | |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY ST ZIP | | |
| 31 TITLE | | |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY ST ZIP | | |
| 41 TITLE | | |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY ST ZIP | | |
| 51 TITLE | | |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY ST ZIP | | |
| 61 TITLE | | |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is absolutely true and correct and does not qualify for the exemptions 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Arthur R. Hutchins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR R. HUTCHINS 7-15-94 X904 597-3573
Date — Daytime Phone Number