

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V55297 (8)

1. Corporation Name
PINE CASTLE CHIROPRACTIC CENTER, P.A.



Principal Place of Business
**707 EAST OAKRIDGE ROAD
ORLANDO FL 32809**

Mailing Address
**707 EAST OAKRIDGE ROAD
ORLANDO FL 32809**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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9. Name and Address of Current Registered Agent

**LASTARZA, ROLAND
~~4066 BARNESLEY DRIVE~~
ORLANDO FL 32812**

5326 Chiswick Circle

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/31/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3136012

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.07(1) and 607.15(2), Florida Statutes, the above named corporation submits the 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 the registered agent under Florida Statutes.

SIGNATURE

Signature of the person who is to be the registered agent

Signature of the person who is to be the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	LASTARZA, ROLAND M.	
STREET ADDRESS	5326 CHISWICK CIRCLE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	STD	[] DELETE
NAME	LASTARZA, RENOULA	
STREET ADDRESS	5326 CHISWICK CIRCLE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
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TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 NAME	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Chiswick

Chiswick

14. I do hereby certify that the information submitted with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is correct or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or authorized or authorized in power 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 as an addition with an address.

SIGNATURE: *Dr. R.M. Lastarza* Dr. R.M. Lastarza 3-15-96 (407) 855-7199

CR2E034 (12/95)