SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:33

DOCUMENT # **V59908** **(6)**

1. Corporation Name
MCCOY CHIROPRACTIC CENTER INC

Principal Place of Business
350 SOUTH STATE ROAD 7
MARGATE FL 33068
US

Mailing Address
350 SOUTH STATE ROAD 7
MARGATE FL 33068
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1992**
3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc — 22
Suite Apt # etc — 27
City & State — 23
City & State — 28
Zip — 24 — Country — 25
Zip — 29 — Country — 30

4. FEI Number: **65-0353023** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. This corporation has subsidy for extraordinary [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MCCOY, MATTHEW
350 SOUTH STATE ROAD Y
MARGATE FL 33063

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCOY, MATTHEW DR.
STREET ADDRESS	~~350 SOUTH STATE ROAD 7~~
CITY, ST, ZIP	~~MARGATE FL~~

13.

TITLE	P — ☒ Change ☐ Addition
NAME	Matthew McCoy
STREET ADDRESS	350 South State Rd 7
CITY, ST, ZIP	Margate FL 33068

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, or amendment thereof, is accurate and that this corporation intends to transact business in this state. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall serve 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 is added, and/or my address.

SIGNATURE: Matthew McCoy P 6/26/95 (Date)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (3/95)

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