

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V61262**

(4)

1. Corporation Name

B.B.C. CHIROPRACTIC CENTER, INC.

Principal Place of Business

**400 SE 8TH STREET
FT. LAUDERDALE FL 33316**

Mailing Address

**2805 N STATE RD 7
HOLLYWOOD FL 33021
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1992

3a. Date of Last Report

03/04/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

29

Zip

Country

4. FEI Number

65-0359200

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

9. Name and Address of Current Registered Agent

**LEWIN, ROBERT
2805 N ST RD 7
HOLLYWOOD FL 33021**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PD	LEWIN, ROBERT	2805 N ST RD 7	HOLLYWOOD FL
PD	ISBEL, PAUL	2805 N ST RD 7	HOLLYWOOD FL
PD	FEDERICI, SONDR	2805 N. ST. RD. 7	HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	Change	Addition
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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, with an attachment with an address.

SIGNATURE

Sondra Federici

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

305-9830506