

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V65081** (4)  
1. Corporation Name  
**CHIROPRACTIC ASSOCIATES OF GREATER FLORIDA, P.A.**



Principal Place of Business  
**1601 BELVEDERE RD.  
500 EAST  
WEST PALM BEACH FL 33406**

Mailing Address  
**1601 BELVEDERE RD.  
500 EAST  
WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified  
**09/18/1992**

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

4. FEI Number  
**59-3147209**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**HERLIHY, GERARD A.  
1601 BELVEDERE RD.  
SUITE 500 EAST  
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name  
**Cuden, Craig T.**

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

*Craig T. Cuden*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**4-24-96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPST</b>	<input type="checkbox"/> DELETE
NAME	<b>KAPLAN, ERIC S., D.C.</b>	
STREET ADDRESS	<b>1601 BELVEDERE RD., SUITE 500 EAST</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D/CEO</b>
2.3 STREET ADDRESS	<b>Markson, Lawrence T.</b>
2.4 CITY-ST-ZIP	<b>1601 Belvedere Rd., Suite 500 East West Palm Beach, FL. 33406</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>000001802398</b>
4.3 STREET ADDRESS	<b>-05/01/96--01013--007</b>
4.4 CITY-ST-ZIP	<b>***200.00</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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, or on an attachment with an address.

SIGNATURE:

*Eric S. Kaplan, D.C.*  
Signature and typed or printed name of signing officer or director

**4-24-96**  
Date

**(407)684-2225**  
Daytime Phone #

CR2E034 (12/95)