

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V65848** (6)

1. Corporation Name

COCONUT CREEK CHIROPRACTIC, INC.



Principal Place of Business

Mailing Address

6544 N STATE ROAD SEVEN
COCONUT CREEK FL 33073
US

C/O MARKSON
2001 MARCUS AVE. W35
LAKE SUCCESS NY 11042
US

3. Date Incorporated or Qualified
09/23/1992

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **2001 Marcus Avenue**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite W95**

27

City & State

City & State

23 **Lake Success NY**

28

Zip

Country

Zip

Country

24 **11092** 25 **USA**

29

30

4. FEI Number
65-0357679

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARKSON, LAWRENCE T	
STREET ADDRESS	42 HUNT DR	
CITY - ST - ZIP	JERICHO NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DRUBIN, DANIEL T	
STREET ADDRESS	12 BROOK LANE	
CITY - ST - ZIP	BROOKVILLE NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MICHELE	
STREET ADDRESS	3487 EAST BAY COURT	
CITY - ST - ZIP	MERRICK NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CRAWFORD, DEBORAH ANN	
STREET ADDRESS	20 ATTORNEY AVE	
CITY - ST - ZIP	FARMINGDALE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	JERICHO
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7 HORIZON CT
4.4 CITY - ST - ZIP	HUNTINGTON NY 11743
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-96

CR2E034 (12/95)