

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2001 Kanas Avenue
Suite W85
Lake Success NY 11042

Ch Robinson

3. Date Incorporated or Qualified

9-23-1992

3a. Date of Last Report

3-13-96

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0357679

Applied For

Not Applicable

22. State, Apt. #, etc.

27. State, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

Country

29. Zip

Country

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

81. Name

Dr Lawrence T. Robinson

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

2565 NW 19th Street

83.

84. City

Boca Raton

FL

85. Zip Code

33496

I, 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: Lawrence T. Robinson

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

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------------|
| 11.1 NAME | <input type="checkbox"/> DELETE |
| NAME | P. Robinson, Lawrence T. |
| STREET ADDRESS | 2565 NW 19th Street |
| CITY-STATE-ZIP | Boca Raton FL 33496 |
| 11.2 NAME | <input type="checkbox"/> DELETE |
| NAME | Dr. Robinson, Daniel T. |
| STREET ADDRESS | PO Box 680046 Park City UT 84068 |
| CITY-STATE-ZIP | VP |
| 11.3 NAME | <input type="checkbox"/> DELETE |
| NAME | Hoffman, Michelle |
| STREET ADDRESS | 3487 East Bay Ct Hemet NY 11766 |
| CITY-STATE-ZIP | ST |
| 11.4 NAME | <input type="checkbox"/> DELETE |
| NAME | Grifford, Deborah Ann |
| STREET ADDRESS | 7 Bonita Ct Huntington NY 11743 |
| CITY-STATE-ZIP | <input type="checkbox"/> DELETE |
| 11.5 NAME | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-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-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | NIA |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 400002129434 |
| 5.3 STREET ADDRESS | -04/01/97--01006--041 |
| 5.4 CITY-STATE-ZIP | ***8.75 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 500002129435 |
| 6.3 STREET ADDRESS | -04/01/97--01006--042 |
| 6.4 CITY-STATE-ZIP | ***165.00 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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: Lawrence T. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)