

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 # **V70204 (5)**

1. Corporation Name

WEST PALM BEACH CHIROPRACTIC ASSOCIATES, P.A.



Principal Place of Business

1495 FOREST HILL BLVD.
SUITE D
WEST PALM BEACH FL 33406
US

Mailing Address

1495 FOREST HILL BLVD.
SUITE D
WEST PALM BEACH FL 33406
US

3. Date Incorporated or Qualified **10/12/1992** 3a. Date of Last Report **01/18/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

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Zip

Country

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Zip

Zip

Country

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4. FEI Number **65-0362799** 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

10. Name and Address of New Registered Agent

**SLIVKA, MICHAEL A
1625 N. COMMERCE PKWY., SUITE 210
FT. LAUDERDALE FL 33326**

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	
12.1	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
12.2	MITTELDORF	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
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