

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90084 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012357

1. Corporation Name
FAAS CHIROPRACTIC CENTER, INC.

Principal Place of Business Mailing Address
4400 NW 23RD AVE. SUITE D 4400 NW 23RD AVE. SUITE D
GAINESVILLE FL 32606 GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number

59-3492876

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FRANCKEWITZ, A CORRIE
4400 NW 23RD AVE, SUITE D
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

FAAS, MICHAEL A.

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

4400 NW 23RD ST., SUITE D.

83

84 City

GAINESVILLE

FL

85 Zip Code

32606

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

02/09/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FAAS, MICHAEL A
STREET ADDRESS 4400 NW 23RD AVE, SUITE D
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ DELETE

NAME FAAS, CAROL B
STREET ADDRESS 4400 NW 23RD AVE, SUITE D
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ DELETE

NAME FRANCKEWITZ, A CORRIE
STREET ADDRESS 4400 NW 23RD AVE, SUITE D
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/09/99 352-371-4120

CR2E034 (11/98)

0062361