



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



00049576

DUE ON OR BEFORE 03/01/1999

FILING FEE \$45.00

The following information is required by A.R.S. §10-1622 & §10-2501 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-2545.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

1. RAYBURN CHIROPRACTIC CLINIC, P.C.  
522 W FINNIE FLAT RD STE C  
PO BOX 1680  
CAMP VERDE, AZ 86322

Corporation File Number:

-0176730-4

Business Phone:

(Business phone is optional)

State of Domicile: ARIZONA

Type of Corporation: PROFESSIONAL

2. Arizona Statutory Agent: JAMES G KNOLLMILLER  
Street Address: 1745 S ALMA SCHOOL RD #130  
(NOT P.O. BOX)  
City, State, Zip: MESA AZ 85210-

ACC USE ONLY

PAID  
Fees \$ 45  
Penalty \$ 27  
Reinstate \$  
Expedite \$  
Total \$ 72  
FY98-99

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below:

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

A.C.C. CORPORATIONS DIV.  
RECEIVED

JUN 01 1999

3. Secondary Address:

(Foreign Corporations are  
**REQUIRED** to complete  
this section.)

DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE FILING

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting              | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising             | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace               | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture             | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture            | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance         | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology     | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction            | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor              | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection      | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education              | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering            | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment          | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting     | <input type="checkbox"/> 33. Television/Radio                |
| <input checked="" type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel            | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export          | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance              | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services         | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |  |
|--|
| <input type="checkbox"/> 1. Charitable   |
| <input type="checkbox"/> 2. Benevolent   |
| <input type="checkbox"/> 3. Educational  |
| <input type="checkbox"/> 4. Civic  |
| <input type="checkbox"/> 5. Political  |
| <input type="checkbox"/> 6. Religious  |
| <input type="checkbox"/> 7. Social   |
| <input type="checkbox"/> 8. Literary   |
| <input type="checkbox"/> 9. Cultural   |
| <input type="checkbox"/> 10. Athletic  |
| <input type="checkbox"/> 11. Science/Research  |
| <input type="checkbox"/> 12. Hospital/Health Care  |
| <input type="checkbox"/> 13. Agricultural  |
| <input type="checkbox"/> 14. Animal Husbandry  |
| <input type="checkbox"/> 15. Homeowner's Association                                     |
| <input type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 17. Other _____   |

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

100,000Common

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

10,000Common**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. (If no changes since last report, check here ☒ and go on to Section 7.)

Name: LEO G RAYBURN

Name: \_\_\_\_\_

NONE ☐

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**7. OFFICERS** (If no changes since last report, check here ☐ and go on to Section 8.)Name: LEO G RAYBURN

Name: \_\_\_\_\_

Title: PRESIDENT/CEO

Title: \_\_\_\_\_

Address: 609 S GILBERT RD →Address: PO Box 1680  
522 W. Finnie Flat Rd - SEC CGILBERT, AZ 85296 →CAMP VERDE, AZ 86322Date taking office: 07-01-85

Date taking office: \_\_\_\_\_

Name: LEO RAYBURNName: LEO RAYBURNTitle: SECRETARYTitle: TREASURERAddress: PO Box 1680  
522 W. Finnie Flat Rd - SEC C  
609 S GILBERT RDAddress: PO Box 1680  
522 W. Finnie Flat Rd  
609 S GILBERT RDGILBERT, AZ 85296GILBERT, AZ 85296Date taking office: 07-01-85Date taking office: 07-01-85**8. DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 9.)Name: LEO RAYBURN

Name: \_\_\_\_\_

Address: PO Box 1680  
522 W. Finnie Flat Rd  
609 S GILBERT RD

Address: \_\_\_\_\_

GILBERT, AZ 85296

\_\_\_\_\_

Date taking office: 07-01-85

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-2501.A.6)**

Only nonprofit corporations must **attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-2505.A)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES ☐

NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |  |
|---|--|
| 1. Full name and prior names used.                          | 5. Date and location of birth.   |
| 2. Full birth name.   | 6. Social Security Number  |
| 3. Present home address.                                    | 7. The nature and description of each conviction, or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |  |

**11. STATEMENT OF BANKRUPTCY (A.R.S. §10-202.D.2)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation?

One box must be marked:

YES ☐

NO ☒

If YES, enter the following:

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above:

- 1) The names and addresses of each corporation and the person or persons involved. 2) The date in which each corporation was incorporated b) transacted business. 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION** Signature requirements vary according to the type of corporation. See the instruction sheet for specific rules. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Leo Rayburn, D.C. Date 5/28/99 Name \_\_\_\_\_ Date \_\_\_\_\_

Signature Leo Rayburn D.C. Signature \_\_\_\_\_

Title President Title \_\_\_\_\_

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)