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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # K58720 (9)

1. Corporation Name
AMERICAN CHIROPRACTIC CLINICS, P.A.

Principal Place of Business	Mailing Address
10800 N. MILITARY TRAIL, SUITE 111 PALM BEACH GARDENS FL 33410	10800 N. MILITARY TRAIL, SUITE 111 PALM BEACH GARDENS FL 33410-6527

3. Date Incorporated or Qualified: 01/17/1989 | 3a. Date [illegible]: 04/01[illegible]

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0102005
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible taxes Florida Statutes ☒ Yes ☐ [illegible]

9. Name and Address of Current Registered Agent

THAW, ANDREW H.
10800 N. MILITARY TRAIL, SUITE 111
PALM BEACH FL 33410

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL [illegible]

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRS.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST THAW, ANDREW H. 10800 N MILITARY TR #111 PALM BCH GDNS FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ [illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THAW, ANDREW 10800 N MILITARY TR #111 PALM BCH GDNS FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ [illegible]
TITLE / NAME / STREET / [illegible]	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ [illegible]
[illegible] / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ [illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ [illegible]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ [illegible]

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-08/12/97--01046--[illegible]03
****165.00 ****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 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 [illegible] 8/6/97