

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

FILED

Mar 13 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 # M90979
1. Corporation Name

(9)

MARTIN CHIROPRACTIC CLINIC P.A.



Principal Place of Business

Mailing Address

6906 ALOMA AVE.
WINTER PARK FL 32792

6906 ALOMA AVE.
WINTER PARK FL 32792-7003

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/21/1988	02/20/1996
4. FEI Number	Applied For
59-2894345	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, WILLIAM G.
1412 DAUPHIN LANE
ORLANDO FL 32803

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. I, the undersigned, in compliance with Sections 607.0501 and 607.0505 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent to 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.

SECTION 12 OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: PTS 12.2 NAME: MARTIN, LARRY T 12.3 STREET ADDRESS: 3107 TCU BLVD 12.4 CITY - ST - ZIP: ORLANDO FL <input type="checkbox"/> DELETE	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<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:
<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:
<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:
<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:
<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - ZIP:

14. I hereby certify that the above data 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 provided on this report and/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 a duly authorized 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 on Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

407-457-1600

CR2E034 (9/96)