

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF SECRETARY OF STATE
Suzanne M. Murrain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32870 (8)
1. Corporation Name
FLORIDA CHIROPRACTIC NETWORK, INC.

APPROVED
AND
FILED
95 MAR -1 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 5620 SMETANA DR STE 225 MINNETONKA MN 55343	Mailing Address 5620 SMETANA DR STE 225 MINNETONKA MN 55343
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3. Date Incorporated or Qualified 02/19/1991	3a. Date of Last Report 02/23/1994
4. FEI Number 41-1591944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
City 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 of current or former registered agent and the applicant) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ALLENBURG, THOMAS J. 5620 SMETANA DR #225 MINNETONKA MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLE, DAVID L. 5620 SMETANA DR #225 MINNETONKA MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST COLE, DAVID L. 5620 SMETANA DR 3225 MINNETONKA MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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 a 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. (See Attachment with my address)

SIGNATURE: David L. Cole 2/22/95 (612) 938-6909
PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR