


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90158 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000094899

1. Corporation Name
ROSSI CHIROPRACTIC CENTERS, INC.



Principal Place of Business 2700 NO. STATE RD.7 MARGATE FL. 33063	Mailing Address 2700 NO. STATE RD.7 MARGATE FL. 33063
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1998	
21	22	26	27	4. FEI Number 65-0875343	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year intangible Personal Property Tax. <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			
ROSSI, ARMAND M 2700 NO. STATE RD.7 MARGATE FL. 33063				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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, 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. (NOT E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT ARMAND M. ROSSI	1.2 NAME	
STREET ADDRESS	1299 SW 4th St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL. 33486	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY ARMAND M. ROSSI	2.2 NAME	
STREET ADDRESS	1299 SW 4th St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL. 33486	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER ARMAND M. ROSSI	3.2 NAME	
STREET ADDRESS	1299 SW 4th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL. 33486	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR ARMAND M. ROSSI	4.2 NAME	
STREET ADDRESS	1299 SW 4th St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL. 33486	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Armand M. Rossi Date: April 21, 1999 (654) 971-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)