

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 28 1996 8:00 am
Secretary of State

DOCUMENT # **S60119 (2)**

1. Corporation Name
COORDINATED CHIROPRACTIC CARE, INC.



Principal Place of Business	Mailing Address
1230 DOUGLAS STE 200 LONGWOOD FL 32779 US	1230 DOUGLAS STE 200 LONGWOOD FL 32779 US

3. Date Incorporated or Qualified 06/06/1991	3a. Date of Last Report 03/21/1995
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2. Principal Place of Business	2a. Mailing Address
21 1250 S. Hwy 179a Suite, Apt. #, etc. 22 Suite 120 City & State 23 Longwood, Florida Zip 24 32750	25 1250 S. Hwy 179a Suite, Apt. #, etc. 26 Suite 120 City & State 27 Longwood, Florida Zip 28 32750 Country 29 USA

4. FEI Number 59-3068467	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BECKER, IRVING J.
1230 DOUGLAS AVE. #200
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name BARRY ENGEL
82 Street Address (P.O. Box Number is Not Acceptable) 1250 S. Highway 179a
83 Suite 120
84 City Longwood
85 Zip Code FL 32750

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 *Irving J. Becker* (Note: Registered Agent signature required when terminating) DATE **6-24-96**

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NIERENBERG, CLIFFORD	
STREET ADDRESS	1230 DOUGLAS AVE. #200	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BECKER, IRVING J.	
STREET ADDRESS	1230 DOUGLAS AVE. #200	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, JOHN	
STREET ADDRESS	1230 DOUGLAS AVE. #200	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CLIFFORD NIERENBERG	
13 STREET ADDRESS	1684 Peregrine Pt. Drive	
14 CITY-ST-ZIP	SARASOTA, FLA 34231	
21 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BECKER, IRVING J.	
23 STREET ADDRESS	128 WEATHERBURN DRIVE	
24 CITY-ST-ZIP	ROSWELL, GA 30076	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(3)(k) 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Irving J. Becker* pres **Irving J. Becker** 6/19/96 770 643-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

CRE034 (3/96)