FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FILED
Effective this date
Secretary of State
Division of Corporations

DOCUMENT # P32870 (8)

1. Corporation Name

FLORIDA CHIROPRACTIC NETWORK, INC.

Principal Place of Business	Mailing Address
5620 SMETANA DR STE 225 MINNETONKA MN 55343	5620 SMETANA DR STE 225 MINNETONKA MN 55343

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1991

3a. Date of Last Report: 02/23/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 41-1591944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

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

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 DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLENBURG, THOMAS J.	1.2 NAME	
STREET ADDRESS	5620 SMETANA DR #225	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	COLE, DAVID L.	2.2 NAME	
STREET ADDRESS	5620 SMETANA DR #225	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	2.4 CITY-ST-ZIP	
TITLE	VCT	3.1 TITLE	☐ Change ☐ Addition
NAME	COLE, DAVID L.	3.2 NAME	
STREET ADDRESS	5620 SMETANA DR 3225	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 added by attachment with an address.

SIGNATURE: David L. Cole 2/22/95 (612) 938-6909

SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407305 FD