

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **P32870** (8)

1. Corporation Name
FLORIDA CHIROPRACTIC NETWORK, INC.

Principal Place of Business

**5620 SMETANA DR STE 225
MINNETONKA MN 55343**

Mailing Address

**5620 SMETANA DR STE 225
MINNETONKA MN 55343-9611**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified
02/19/1991

3a. Date of Last Report
04/02/1996

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 ☒ No

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 and herewith accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

☐ DELETE

CP
**ALLENBURG, THOMAS J.
5620 SMETANA DR #225
MINNETONKA MN**

☐ DELETE

D
**COLE, DAVID L.
5620 SMETANA DR #225
MINNETONKA MN**

☐ DELETE

VST
**COLE, DAVID L.
5620 SMETANA DR 3225
MINNETONKA MN**

☐ DELETE

**COLE, DAVID L.
5620 SMETANA DR 3225
MINNETONKA MN**

☐ DELETE

**COLE, DAVID L.
5620 SMETANA DR 3225
MINNETONKA MN**

☐ DELETE

**COLE, DAVID L.
5620 SMETANA DR 3225
MINNETONKA MN**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 contained 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 on an attachment with an address.

SIGNATURE:

David L. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Cole

3/7/97

Date

(612) 938-6909

Signature File #

CR2E034 (9/96)