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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 603949 (9)
1. Corporation Name
L. THORNTON OWEN CHIROPRACTIC CLINIC, PROFESSIONAL
ASSOCIATION



Principal Place of Business Mailing Address
4611 LAKE WORTH ROAD 4611 LAKE WORTH ROAD
LAKE WORTH FL 33463 LAKE WORTH FL 33463-3451
US US

3. Date Incorporated or Qualified 11/29/1972 3a. Date of Last Report 01/23/1996

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

4. FEI Number 59-1496167 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
OWEN, L THORNTON
4611 LAKE WORTH ROAD
LAKE WORTH FL 33463
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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD OWEN, JR., D.C., L T 4611 LAKE WORTH ROAD LAKE WORTH FL
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

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 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 on an attachment with an address.

SIGNATURE: [Signature] L. Thornton Owen 1/13/97 407-965-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)