## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

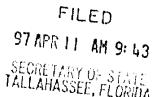
LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS



1997		Life	DIVISION OF CO	DRPORATIO	NS	TALLAHASSE	FFINS	li.		
1. Name of Limited Partnership  1a. DOCUMENT # A9500000951					2					
CHIROPRACTIC ENTI	ERPRISES, I	LTD.	(	Q~-A	M	I REGULARI GURDI G	ULUH UULUH BURU 3	OIII BUIIO IUPUF OPAUS II	B1 \$48)	
Mailing Address Principal Office Address						3. Date Formed or Registered	58. Capital Contributions as Shown on record.			
136 WEST BOYNTON BEACH BLVD. 136 WEST BOYNTON BEACH FL 33435 BOYNTON BEACH FL 334						06/26/1995	\$4,690,000.00			
BOTH OF BEROTTE SAND						3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions InFLORIDA to date:			
2. Mailing Address 28. Principal Office A						4. State or Country of Formation				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. FEI Number	Applied For			
City & State		City & State				65-0585448	Not Applicable		6	
Zip Country		Zip Country				7. Certificate of Status Desired		\$8.75 Addition Fee Required		
						8, Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office						
SINGER, MICHAEL S				Name						
701 NORTHPOINT PARKWAY				Streel Address (P.O. Box Numberts 10/10/10/10/10/21467265						
SUITE 330 WEST PALM BEACH FL 33407				Sulte, Apt. #, etc. ####541.25 ####541.25				5		
Web) Their perofit & 60	107			City			FL	Zip Code		
10a. Pursuant to the provisions of set the purpose of changing its regil am familiar with, and accept the SIGNATURE (Registered Agent Accepting A GENERAL PART)	stered office or registers the obligations of section ag Appointment)  NER THAT IS	ed agent, or bo 620.192, Flori	oth, in the State of Florida da Statules.	. Such change	was authoriz	ed by its general partner(s). I hereby s	ccept the appo	intment of registered	agent.	
11. Name(s) of General Partner(s		7	Address of Each General NOT Use Post Office Bo	1.5	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
NEAL B. ROSEN, AS TRU	STEE	1	WEST BOYNTON B	1		BOYNTON BEACH FL 3343			(30 FF 600)	
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Note: General partner	SMAY NOT b	e chang	ed on this for	n; an am	endme	nt must be filed to ch	ange a g	eneral partn	ier.	
	non-compliance with Se and that my signature i	ction 119.07(3) shall have the	)(k) In the event that the in same legal effects as if m	nformation supp	lied is deen	stated in Section 119.07(3)(k), Florida ned exempt from public access. I further rilfy that I am a General Partner of the	r certify that the	e Information Indicate		
SIGNATURE	ash my	on	- Whec	280		DATE	<u>/"II)</u>	ادم		
Typed or Printed Name of General Partn	er Signing Form	G &	E66 M (	20SE	N	Daytime Telephone Number	561	844-69	00	