FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G58554 (8)

1. CHIROPRACTIC BACK PAIN CLINIC INC.

Principal Place of Business
C/O DR LOUIS A. GRASSO III
2933 SW 3RD AVE.
MIAMI FL 33129

Mailing Address
C/O DR LOUIS A. GRASSO III
2933 SW 3RD AVE.
MIAMI FL 33129

3. Date Incorporated (or Qualified): 09/02/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2324477 — Applied For / Not Applicable
5. Certificate of Status (Secure) [ ] $8.75 Additional Fee Required
6. Electronic Campaign Financing Fund Fee Contribution [ ] $5.00 May Be Added to Fees
8. Does corporation intend to engage in political activity? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
GRASSO, LOUIS A. III — SAME AGENT Address Change Only
6800 SW 120TH ST.
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable): 1938 SW 16 Ave
83 MIAMI FLA 33145
84 City: FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS
PDS
GRASSO, LOUIS A., III
6800 SW 120TH ST.
MIAMI FL

13. ADDITION, CHANGE OR DELETION [illegible]

14. [illegible]

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
DR LOUIS GRASSO

5/1/95 (305) 8567616

0125554 CP