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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H13845

(3)

Mailing Address

PERDUE CHIROPRACTIC CENTER, P.A.

FILED
May 08 1997 8:00am
Secretary of State



160 MALABAR RD STE 110 PALM BAY FL 32807 US		160 MALABAR RD STE 110 PALM BAY FL 32807-2912 US		Date Incorporated or Qualified 07/25/1984	3a. Date of Last F 06/05/1996	Report		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		pplied For	
21		26			59 -6 800181	• 	ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Star 23	ce	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Ζιρ 24	Country 25	Zip 29	Cour 30	try		Yes No	s. 199.032,	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Jistered Agent		
	due, L. Reginald Malabar RD		L	Name Street Add	dress (P.O. Box Number is Not Acceptab	le)		
· sun	TE 110				areas (1.0. Box Number is Not Accepted	. :		
, PAU	M BAY FL 32907		[+	33				
				City		FL '	Code	
11. Pursuant office or agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the obligions for the provision of the state of the stat	e of Florida. Such change was pations of, Section 607.0505, Fi	authorized lorida Statu	by the corporates.	poration submits this statement for the patients board of directors. I hereby acceptions when reinstating	urpose of changing in the appointment as	ts registered registered	
12.		ID DIRECTORS	13.	Affort althorous rade	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	D	☐ DELETE	1.1 TITE	E		Change	Addition	
NAME	PERDUE, J.T.		1.2 NAM	AE .				
STREET ADDRESS	2621 FAIRWAY DRIVE		1.3 STR	EET ADDRESS				
CITY - \$1 - ZIP	MELBOURNE FL			r-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
TITLE	DP Perdue, L. Reginald	☐ DELETE	2.1 TITU			☐ Change	Addition	
NAME STOLET ADODESS	160 MALABAR RD.,SW. STE.	110	2.2 NAM					
STREET ADDRESS CITY+ST-ZIP	PALM BAY FL 32907	110		EET ADDRESS Y-ST-ZIP				
TITLE	D	DELETE	3.1 TiTe			☐ Change	Addition	
NAMÉ	BODIFORD, GLENDON E	•	3.2 NAM	4E				
STREET ADDRESS	549 WALNUT DRIVE		3.3 STR	EET ADDRESS				
CHY-ST-ZIP	MELBOURNE FL 32935		3.4. CIT	Y-ST-ZIP		·		
TIT.F		DELÉTÉ	4.1 7171			Change	Addition	
NAME			4. 2 NA					
STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP TIT ₄ F		DELETE	5.1 TITL	Y-ST-ZIP E		Change	Addition	
NAME			5.2 NAM				- 190111911	
STREET ADDRESS				EET ADDRESS				
CITY - ST - Zir'				r-ST-ZIP				
THEF		DELETE	6.1 TITL	E		☐ Change	Addition	
NAME			62 NAM	Œ				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-S1-7P	ļ	od with this files, does not must		(-ST-ZIP	dia Carrier 440 07/07/07 Finally Contra			

I. 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;



4190/92 (40) 343-8549