

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H27772** (3)

1. Corporation Name

THOMAS CHIROPRACTIC CLINIC, INC.



Principal Place of Business

17 N.W. 33RD COURT
GAINESVILLE FL 32607

Mailing Address

17 N.W. 33RD COURT
GAINESVILLE FL 32607

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**KLEINMAN, THOMAS
17 N.W. 33RD COURT
GAINESVILLE FL 32607**

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 607.0902 and 607.1609, 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 607.1609, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		
12.1 NAME	PVS KLEINMAN, THOMAS	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	3469 NW 13 AVE GAINESVILLE FL	
12.3 CITY, STATE, ZIP	TD	<input type="checkbox"/> DELETE
12.4 NAME	KLEINMAN, THOMAS	
12.5 STREET ADDRESS	3469 NW 13 AVE GAINESVILLE FL	
12.6 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.7 NAME		
12.8 STREET ADDRESS		
12.9 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, STATE, ZIP		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY, STATE, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME		
13.6 STREET ADDRESS		
13.7 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME		
13.9 STREET ADDRESS		
13.10 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 NAME		
13.12 STREET ADDRESS		
13.13 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is true, correct and does not qualify for the exemption stated in Section 119.04(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 business or business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet, at the address:

SIGNATURE: *Thomas Kleinman* THOMAS KLEINMAN 1/19/96 352 375 3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)