FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 PM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H89981 (5)

1. Corporate Name

THE CHIROPRACTIC CENTRE, INC.

Principal Place of Business	Mailing Address
% FRANK P. LANZISERA 4207 59 ST. WEST BRADENTON FL 34209	% FRANK P. LANZISERA 4207 59 ST. WEST BRADENTON FL 34209

3. Date Incorporated or Qualified: 12/01/1985
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2616088 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. This corporation ... Florida Statutes — Yes / No

2. Principal Place of Business (21–25)
2a. Mailing Address (26–30)

9. Name and Address of Current Registered Agent

LANZISERA, FRANK P.
4207 59 ST. WEST
BRADENTON FL 34209

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	PD
NAME	LANZISERA, FRANK P.
STREET ADDRESS	1713 79TH CT., WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	ROWE-LANZISERA, LISA
STREET ADDRESS	1713 79TH CT., WEST
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change / Addition)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dr Frank P. Lanzisera DR. FRANK P. LANZISERA 2/24/95 813-7543944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #