FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:29

DOCUMENT # J10911 (2)

1. Corporation Name
LAKE MARY BOULEVARD CHIROPRACTIC CLINIC, INC.

Principal Place of Business	Mailing Address
902 E. LAKE MARY BLVD., SUITE 107 P.O. BOX 2116 SANFORD FL 32772-2116	902 E. LAKE MARY BLVD., SUITE 107 P.O. BOX 2116 SANFORD FL 32772-2116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1986
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business	2a. Mailing Address
21 820 W. Lake Mary Blvd Ste 107	26 820 W. Lake Mary Blvd Ste 107
22 Suite/Apt. # etc. 107 P.O. Box 2106	27 Suite/Apt. # etc. 107 P.O. Box 2106
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-2698482 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

YANDELL, THOMAS F., JR.
1786 ALAQUA DRIVE
LONGWOOD FL 32779

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 _____ (Typed or printed name of person signing) (NOTE: Registered Agent's signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
001	PSD	11 TITLE	☐ Change ☐ Addition
NAME	YANDELL, THOMAS F. SR.	12 NAME	
STREET ADDRESS	110 STRADFORD ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD SC	14 CITY-ST-ZIP	
002	D	21 TITLE	☐ Change ☐ Addition
NAME	YANDELL, VERA NICKLES	22 NAME	
STREET ADDRESS	110 STRADFORD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD SC	24 CITY-ST-ZIP	
003	D	31 TITLE	☐ Change ☐ Addition
NAME	YANDELL, THOMAS F.,J R.	32 NAME	
STREET ADDRESS	1786 ALAQUA DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	
004		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
005		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
006		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 report or supplemental 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 above, or on an attached sheet, with an address.

SIGNATURE: Thomas F Yandell Jr DIRECTOR / Res Agent 2/13/95 (407) 322-9300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING REPORT DATE TELEPHONE NUMBER