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Jan 14 1997 8:00am
Secretary of State

1-14-97
PROFIT
CORPORATION
ANNUAL REPORT
1997

8-0015-105-00C



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

DOCUMENT # J34865 (2)
1. Corporation Name
A DOWNTOWN MIAMI CHIROPRACTIC CENTER, P.A.



Principal Place of Business: INTERCONTINENTAL BANK BUILDING, 200 S.E. FIRST ST., SUITE 500, MIAMI FL 33131
Mailing Address: INTERCONTINENTAL BANK BUILDING, 200 S.E. FIRST ST., SUITE 500, MIAMI FL 33131-1906

3. Date Incorporated or Qualified: 09/22/1986
3a. Date of Last Report: 02/05/1996
4. FEI Number: 59-2740069
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
PERDECK, LEE M.
200 SE 1ST ST
500
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: PVS
2. NAME: PERDECK, LEE M.
3. STREET ADDRESS: 200 SE 1ST ST, STE. 500
4. CITY-ST-ZIP: MIAMI FL
5. TITLE: T
6. NAME: PERDECK, LEE M.
7. STREET ADDRESS: 200 SE 1ST ST, STE. 500
8. CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, on an attachment with an address

SIGNATURE: *Lee M. Perdeck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)