

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

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J49802** (8)

1. Corporation Name:
ROSEWOOD CHIROPRACTIC CENTER, INC.

Principal Place of Business: 320 W FLETCHER AVE #105 % JOHN L. BALLINGER TAMPA FL 33612	Mailing Address: 320 W FLETCHER AVE #105 % JOHN L. BALLINGER TAMPA FL 33612-3400
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last Report 04/18/1996
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2885809	Applied For <input type="checkbox"/> Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BALLINGER, JOHN L. 320 W FLETCHER AVE #105 TAMPA FL 33612				10. Name and Address of New Registered Agent	
				81. Name SHERYL A. BALLINGER	
				82. Street Address (P.O. Box Number is Not Acceptable) 320 W. Fletcher Ave. #105	
				83.	
				84. City Tampa	85. Zip Code FL 33612

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:  **Sheryl A. Ballinger, D.C.** DATE: **1/15/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLINGER, SHERYL A.			1.2 NAME	Sheryl A. Ballinger		
STREET ADDRESS	P O BOX 266 N/A			1.3 STREET ADDRESS	320 W. Fletcher Ave. #105		
CITY - ST - ZIP	LUTZ FL			1.4 CITY - ST - ZIP	Tampa, FL 33612		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALLINGER, JOHN L.			2.2 NAME			
STREET ADDRESS	P O BOX 266 N/A			2.3 STREET ADDRESS			
CITY - ST - ZIP	LUTZ FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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, or on an attachment with an address.

SIGNATURE:  **Sheryl A. Ballinger** 1/15/97 813/932-1609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

03/ 165

CR2E034 (9/96)