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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39481

(1)

PALM CHIROPRACTIC CLINIC, INC.

FILED Jan 22 1997 8:00am Secretary of State



4477-NORTH STATE ROAD 7 LAUGERBALE LAKES PL 33919		C/O GRUBER AND ASSOCIATES, P.A. 1650 SOUTHEAST 17 ST. #301 FT LAUDERDALE FL 33316-1735 USA						
				3. Date Incorporated or 01/02/1990	Qualified	3a. Date of Last F 03/04/1996	Report	
	ace of Business	2a. Mailing Address		4. FEI Number		A	oplied For	
401 NO	rmeastaizher bourv			65-0155028		N	ot Applicable	
Suite, Apt. #, etc.  APARTMENT TOOS		Suite, Apt. #, etc.		5. Certificate of Status E	5. Certificate of Status Desired		S8.75 Additional Fee Required	
City & State		City & State	1 ITH STUDET TO H	C. Clastica Conversion C				
BOCA	RATO, FL		erdace, pc	Election Campaign Fi     Trust Fund Contributi			May Be to Fees	
Zip 3343	32 (25) Codina A	29 333/6-173		8. This corporation has Florida Statutes	· \_	tangible tax under s Yes  No	5. 199.032,	
	9. Name and Address of Curren			10. Name and Address	of New Reg	istered Agent		
	BER, MICHARD C KAPLAN	, MICHAEL P.	81 Name	LAN MICHAEL F	٥.			
	BER AND ASSOCIATES, P.A.			ddress (P.O. Box Number is No	t Acceptable	e)		
	SOUTHEAST 17TH ST., #30D	•	83 ()	SRUBER AND AS.	socia;	By P. M.		
	LAUDERDALE FL 33316-1735	,	1650	JOUTHEAST 17th	SHEE	DUITE .	301	
•		1	84 Pity	T LANDODALE		85 Zip	Code	
1. Pursuant t	to the provisions of Sections 607.0	2 and 607,1508. Florida Statute	es the above-named of	corporation submits this statement	ent for the pu	urpose of changing	ts registere	
office or re	to the provisions of Sections 607.0 egistered agent, or bether the fite m tamiliar with, and accept the abliga	of Florida, Such change was a	uthorized by the corporate	oration's board of directors. I he	reby accept	t the appointment as	registered	
-	m raminar with, and accept the bungs	ations of, account <b>6</b> 07.0505, Fig. ▼	nda Sialutes.	AMMAEL E KAL	PLAN	1/15/97		
IGNATURE.	Signature, it seed or power maine of ong steed age	ert and the if applicable (NOTE	Registered Agent signature r	required when reinstating)		DATE		
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SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PICHAEL F. KAPLAN 1/15/97 954-5222222

0275806