
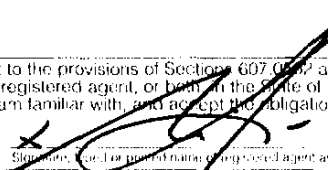
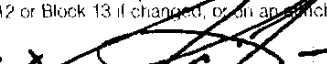


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L39481 (1)			
1. Corporation Name PALM CHIROPRACTIC CLINIC, INC.			
Principal Place of Business 4477 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33310		Mailing Address C/O GRUBER AND ASSOCIATES, P.A. 1850 SOUTHEAST 17TH ST. #301 FT. LAUDERDALE FL 33316-1735 USA	
2. Principal Place of Business 21 401 NORTHEAST MIZNER BOULEVARD		2a. Mailing Address 26 1650 SOUTHEAST 17TH STREET, SUITE 301	
Suite, Apt. #, etc. 22 APARTMENT T603		Suite, Apt. #, etc. 27 1650 SOUTHEAST 17TH STREET, SUITE 301	
City & State 23 BOCA RATON, FL		City & State 28 FORT LAUDERDALE, FL	
Zip 24 33432		Zip 29 33316-1735	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent C/O GRUBER, RICHARD C. KAPLAN, MICHAEL P. GRUBER AND ASSOCIATES, P.A. 1850 SOUTHEAST 17TH ST., #301 FT. LAUDERDALE FL 33316-1735		10. Name and Address of New Registered Agent 81 Name KAPLAN, MICHAEL F. 82 Street Address (P.O. Box Number is Not Acceptable) C/O GRUBER AND ASSOCIATES, P.A. 83 1650 SOUTHEAST 17TH STREET, SUITE 301 84 City FORT LAUDERDALE 85 Zip Code FL 33316-1735	
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  MICHAEL F. KAPLAN 1/15/97 Signature of the person named as proposed agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KAPLAN, MICHAEL F.		1.2 NAME	
STREET ADDRESS 401 NORTHEAST MIZNER BLVD. APT. T603		1.3 STREET ADDRESS 401 NORTHEAST MIZNER BOULEVARD, APARTMENT T603	
CITY-ST-ZIP BOCA RATON FL 33432		1.4 CITY-ST-ZIP 33432	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 amendment with an address. SIGNATURE:  MICHAEL F. KAPLAN 1/15/97 954-522-2222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)