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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L53533

(0)

CHIROPRACTIC DOCTORS ON CALL, INC.

Mailing Address

Principal Place of Business P O BOX 1325 **NEW PORT RICHEY FL 34656**

P O BOX 1325

NEW PORT RICHEY FL 34656-1325

FILED Apr 30 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 02/26/1990	3a. Date of Last Re 07/01/1996	port
_ ^ _	ace of Business	2a. Mailing Address	xV 1275	4. FEI Number		plied For
21 (.)	MOON 1000	26 7-0-00) X 1505	65-0173525		t Applicable
Suite, Apt. (Suitě, Apt. #, etc.	75.8° (managed of the state of	5. Certificate of Status Desired	□ \$8.75 A Fee Rec	
City & State		28 New Port	eckey, FT	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 346	56 25 Pasco	34656	Country 30 Pasco		Yes No	199.032,
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Re	pistered Agent	<i>y</i>)
	ND, PATRICIA A	clane	81 Name	1 Brand	James	
	GRAND BLVD.	change	82 Street Addr	ess (P.O. Box Number is Not Acceptab	(e)	~D
NEW	PORT RICHEY FL 34656	oh		STATE OF BUT	1305 L	
		MAR	83			
		aan	84 City 170	. 0 4 0 1 - 5	85 Zip C	ode
				生 一一一一一	7 FL 3.44	Section .
11. Pursuant t	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of	and 607.1508, Florida Statute Florida: Such change was a	s, the above-named corp uthorized by the corporali	oration submits this staterned to for the p ion's board of directors. I hereby accep	urpose of changing its of the appointment as r	s registered registered
	m familiar with, and accept the obligation					
SIGNATURE .				-		·
	Signature, typed or printed name of registered agent		Figistered Agent signature require		DATE	0.111.40
12.	OFFICERS AND I	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	BRAND, PATRICIA A	☐ DELETE	1.1 THLE		☐ Change	Addition
NAME	4549 GRAND BLVD		1.2 NAME		*	
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 C(1Y+S1-7)P			
TITLE		☐ DELETE	2.1 TITLE		L_ Change	L. Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY - S1 - ZIP			
TITLE		L_ DELETE	3.1 THLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TITLE]		☐ DELFTE	4 1 TillE		L Change	Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CiTY - S1 - ZIP			
TITLE		☐ DELETE	51 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITUE		☐ Change	Addition
NAME			62 NAME		-	
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I do hereb	by certify that the information supplied v	with this filing does not qualif	for the exemption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
Information I am an of	n indicated on this annual report or sup	oplemental annuat report is tr le receiver or trustee empowe	ue and accurate and that pred to execute this repor	my signature shall have the same lega t as required by Chapter 607, Florida S	il effect as if made und	der oath, that