FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

1. Corporation Name



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

DOCUMENT # L79751

(8)

BUCHANAN CHIROPRACTIC CENTER, INC.

Principal Place of Business Mailing Address					* (0.0140); \$11 (0.014 (0.114 (0.04) 0.114) 4681 919 11 919	#1816 #1811 B1911 1881
3325 PLYMOUTH ST SUITE 8 JACKSONVILLE FL 32205		3325 PLYMOUTH ST SUITE 8					
JACKSONVILL	e FL 3225	JACKSONVILLE FL 32205	ASOMAILLE EL 32205		3. Date Incorporated or Qualified 06/08/1990	3a. Date of Lac 04/18/	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FET Number 59-2852131 59-3	016480	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	.75 Additional ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be dded to Fees
Zip 24	Country 25	Zip	Country 30	/	8. This corporation has liability for Horida Statutes	intangible tax undo	ers 199.032,
<u> </u>	g, Name and Address of Curren		301		10. Name and Address of New F		
	<u> </u>		81	Namie			
BUCHAN	IAN, MICHAEL R.				// O Roy Number of Not Accorde		
3343 RIVERSIDE AVE			82	2 Street Address (P.O. Box Number is Not Acceptable)			
	NVILLE FL 32205		83	.3			
			84	City		—] [85]	Zip Code
46 10	10-4			L	andre and the real engineering all and the real participation of	<u> </u>	
or registere	d agent, or both, in the State of Florich, and accept the obligations of, Sect	da. Such change was authorized	by the corp	poration's board	ation submits this statement for the pur d of directors. I neroby accept the app	pintment as registe	ered agent. I am
SIGNATURE _							
	gnature, typed or printed name of registerer layent		T	of Softwareness, exp		JAIL DUDE	23.000.181.40
12. TITLE	OFFICERS ANI	DELETE	13. 1.1 TILE	· · ·	ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
	BUCHANAN, MICHAEL R.	[] beer it	1	i		பு	ige [] Addition [
NAME	3343 RIVERSIDE AVE		1.2 NAME	A ADDICATE			
STREET ADDRESS	JACKSONVILLE FL			I ADORESS			
CITY - ST - ZIP TITLE	T	DELETE	1 4 City - 5 2 1 Title	at-ZIP	· · · · · · · · · · · · · · · · · · ·	[] Chan	nge 🗍 Addition
NAME	BUCHANAN, MICHAEL R.	L. bereit	2 2 NAME			[] (i, i).	ng) [] Addition
STREET ADDRESS	3343 RIVERSIDE AVE		2 3 STREE	T ADDRESS			
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TITLE		☐ DELFTE	4 TITLE			Chan	nge 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			4 3 STREET	T ADDRESS			
C·TY-SI-ZiP			4.4 CITY-5	ST-7'P			
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	LADDRESS			
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TITLE		☐ DELETE	6 1 TITLE			Chan	ige 🔲 Addition
NAME			6.2 NAME	ŀ			
STREET ADDRESS			6 3 STREET	LANDRESS			
CITY - S1 - ZIP			6 4 CITY - S				and the graph and the week to the
14. I do hereby	certify that the information supplied v	vith this filing is voluntarily furnishe	ed and doe	is not qualify fo	r the exemption stated in Section 119.	07(3)(k), Florida Str	atutes. I further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my squature shall have the same legal effect as if made under oatn; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/44 (901)388-7246