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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L88096 (7)

1. Corporation Name
FAMILY LIFE CHIROPRACTIC, P.A.



Principal Place of Business: 131 GARDEN AVENUE, NORTH CLEARWATER FL 34615
Mailing Address: 131 GARDEN AVENUE, NORTH CLEARWATER FL 34615-4198

3. Date Incorporated or Qualified: 07/05/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields. 4. FEI Number: 59-3017580 (26-27). 5. Certificate of Status Desired (29). 6. Election Campaign Financing (30). 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Yes/No).

9. Name and Address of Current Registered Agent: JARRETT, JERE DR. 131 GARDEN AVENUE NORTH CLEARWATER FL 34615. 10. Name and Address of New Registered Agent (81-85).

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names and addresses for JARRETT, JERE DR. and ARGALL, RICK.

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: [Signature] RICK ARGALL 3/26/97 813-447-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)