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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

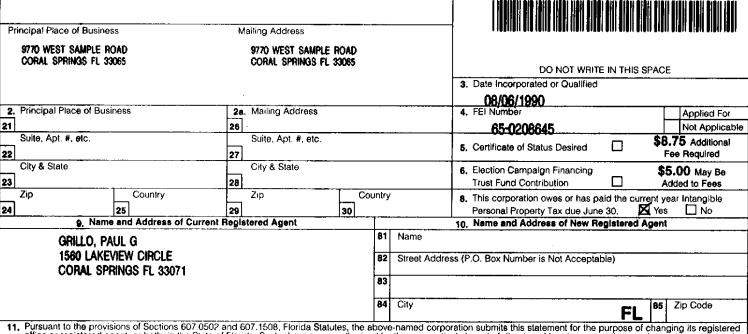
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(6)

G.L. CHIROPRACTIC GROUP, INC.

FILED Mar 27 1998 8:00am Secretary of State



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

ayeni. Fa	am raminar with, and accept the obligations of,	Section 607.0505, Fig	rioa Siatutes.				
SIGNATURE	Signature, typed or printed name of registered agent and fine if	applicable (NOT)	: Registered Agent signature require	ad when reinstation)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		· · · · · · · · · · · · · · · · · · ·	
TITLE	PR	DELETE	1.1 TITLE	Assertation of the St.	Change	Addition	
NAME	GRILLO, PAUL G		1.2 NAME				
STREET ADDRESS	1560 LAKEVIEW CIRCLE		1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZIP				
TITLE	8	☐ DELET E	2.1 TITLE		☐ Change	☐ Addition	
NAME	LEWIN, JEFFREY A		2.2 NAME				
STREET ADDRESS	5357 N.W. 117 AVENUE		2.3 STREET ADDRESS	•.	•		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETÉ	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE	**************************************	Change	□ A.T.	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

6.4 CITY-ST-ZIP 14. I 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 informationicaled 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 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 Block 12 or Block 13 if changed, or on an asystematic with an additional content of the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changed, or on an asystematic that it is a supplementation of the corporation of the