

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M82308 (1)

1. Corporation Name
ASSOCIATED MEDI-CHIRO CLINICS, INC.

Principal Place of Business 4801 ARMENIA AVE. TAMPA FL 33603 US	Mailing Address 4801 ARMENIA AVE. TAMPA FL 33603 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/20/1988	
4. FEI Number 59-2918201		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent DORIO, SAM 4801 ARMENIA AVE. TAMPA FL 33603			
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)			
83		84 City			
85 Zip Code		FL 33603			

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: typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	P	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	KRONEN, LEONARD		1.1 TITLE	KAREN Reedes			
STREET ADDRESS	4801 ARMENIA AVE.		1.2 NAME	4601 N. ARMENIA AVE			
CITY-ST-ZIP	TAMPA FL		1.3 STREET ADDRESS	TAMPA, FL. 33603			
TITLE		DELETE	1.4 CITY-ST-ZIP				
NAME			2.1 TITLE				
STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP			2.3 STREET ADDRESS				
TITLE		DELETE	2.4 CITY-ST-ZIP				
NAME			3.1 TITLE				
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP			3.3 STREET ADDRESS				
TITLE		DELETE	3.4 CITY-ST-ZIP				
NAME			4.1 TITLE				
STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.3 STREET ADDRESS				
TITLE		DELETE	4.4 CITY-ST-ZIP				
NAME			5.1 TITLE				
STREET ADDRESS			5.2 NAME				
CITY-ST-ZIP			5.3 STREET ADDRESS				
TITLE		DELETE	5.4 CITY-ST-ZIP				
NAME			6.1 TITLE				
STREET ADDRESS			6.2 NAME				
CITY-ST-ZIP			6.3 STREET ADDRESS				
TITLE		DELETE	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 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.

CR2E034 (10/97)