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Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M90979  
1. Corporation Name

(9)

MARTIN CHIROPRACTIC CLINIC P.A.



Principal Place of Business

6906 ALOMA AVE.  
WINTER PARK FL 32792

Mailing Address

6906 ALOMA AVE.  
WINTER PARK FL 32792-7003

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified <b>07/21/1988</b>	3a. Date of Last Report <b>02/20/1996</b>
4. FEI Number <b>59-2894345</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWD, WILLIAM G.  
1412 DAUPHIN LANE  
ORLANDO FL 32803

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. I, the undersigned, being duly sworn, certify that the above-named corporation submits this statement for the purpose of changing its registered office and registered agent to 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.

SECTION 12 OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: <b>PTS</b> 12.2 NAME: <b>MARTIN, LARRY T</b> 12.3 STREET ADDRESS: <b>3107 TCU BLVD</b> 12.4 CITY - ST - ZIP: <b>ORLANDO FL</b> <input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP:
<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:
<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:
<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:
<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - ZIP:

14. I hereby certify that the above-named corporation with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided on this report and/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 a duly qualified 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 on Block 11 or Block 13. I changed, or am attaching with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

407-457-1600

CR2E034 (9/96)