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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32520 (1)

1. Corporation Name

CHIROPRACTIC CARES, INC.



Principal Place of Business

Mailing Address

11400 N KENDALL DR
SUITE 100
MIAMI FL 33176
US11400 N KENDALL DR
SUITE 100
MIAMI FL 33176-1045
US

2. Principal Place of Business

2a. Mailing Address

21 8995 SW 87 CT.

26 8995 SW 87 CT

22 Suite Apt. #, etc.

27 Suite Apt. #, etc.

23 101

28 101

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

24 33176

25 US

29 33176

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROSAN, SCOTT DR
11400 N KENDALL DR
MIAMI FL 33176

81 Name

ERICK DAES

82 Street Address (P.O. Box Number is Not Acceptable)

8995 SW 87 CT. #101

83

84 City

MIAMI

FL

85 Zip Code

33176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PROSAN, SCOTT DR.
STREET ADDRESS 11400 N. KENDALL DR
CITY-ST-ZIP MIAMI FL
X DELETE1.1 TITLE
1.2 NAME GLENN V. QUINTANA
1.3 STREET ADDRESS 9406 SOUTH DIXIE HWY
1.4 CITY-ST-ZIP MIAMI FL 33156
X Change X AdditionTITLE SD
NAME BAGNELL, MIKE DR.
STREET ADDRESS 1544 VENEIRA
CITY-ST-ZIP CORAL GABLES FL
X DELETE2.1 TITLE PD, T, S
2.2 NAME ERICK DAES
2.3 STREET ADDRESS 8995 SW 87 CT. STE. 101
2.4 CITY-ST-ZIP MIAMI, FL 33176
X Change X AdditionTITLE D
NAME DAES, ERICK DR.
STREET ADDRESS 8905 SW 87 AVE.
CITY-ST-ZIP MIAMI FL
X DELETE3.1 TITLE D
3.2 NAME DAMIAN MARTINEZ
3.3 STREET ADDRESS 1518 SW 72 ST
3.4 CITY-ST-ZIP MIAMI, FL 33193
X Change X AdditionTITLE D
NAME GRUSKY, ELLIOTT C.
STREET ADDRESS 11400 N KENDALL DR
CITY-ST-ZIP MIAMI FL
X DELETE4.1 TITLE D
4.2 NAME Joe Buckley
4.3 STREET ADDRESS 3900 NW 79 Ave
4.4 CITY-ST-ZIP MIAMI, FL 33166
X Change X AdditionTITLE
NAME GLENN QUINTANA
STREET ADDRESS 9406 SOUTH DIXIE HWY
CITY-ST-ZIP MIAMI FL 33156
X DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
X Change X AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
X DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
X Change X Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033064

CR2E037 (9/96)