SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32520

1. Corporation Name

CHIROPRACTIC CARES, INC.

28 28 29 30 5. Certificate of Status Desired Fee 29 30 5. Certificate of Status Desired Fee 24 25 28 30 5. Certificate of Status Desired 5. Election Campaign Financing \$5 7. Trust Fund Contribution 3. Add 3. Name 3. Name and Address of Current Registered Agent 30 Name and Address of New Registered Agent 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 3	Applied For Not Applica 75 Additional ee Required 5.00 May Be dided to Fees Zip Code ng its registered as registered	\$8.75 Add Fee Requ \$5.00 M Added to gent	ot Applied F Additional Additional Additiona	lied F Applic ddition uired May B Fees
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

FILED

Aug 20, 1999 8:00 am Secretary of State

08-20-1999 90003 012 ****61.25

Addition