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FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34285 (9)

1. Corporation Name

FLORIDA ACADEMY OF CHIROPRACTIC, INC.



Principal Place of Business

Mailing Address

C/P M J BARTELL DC  
57 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441  
USC/O M J BARTELL DC  
57 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441-3429  
US3. Date Incorporated or Qualified  
09/19/19893a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTELL, M J DC  
57 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

81 Name

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

83

84 City

FL

85 Zip Code

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 or 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	<input type="checkbox"/> DELETE
NAME	BURNS, BRIAN	
STREET ADDRESS	6510 ARMENIA AVE	
CITY - ST - ZIP	TAMPA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOGARTY, KEVEN	
STREET ADDRESS	5275 CURRY FORD ROAD	
CITY - ST - ZIP	ORLANDO FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARTELL, MJ	
STREET ADDRESS	57 W HILLSBORO BLVD	
CITY - ST - ZIP	DEERFIELD BEACH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUBEINSTEIN, HENRY	
STREET ADDRESS	9848 E FERN ST	
CITY - ST - ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PRESTON, LAWRENCE	
STREET ADDRESS	419 NE 36TH AVE	
CITY - ST - ZIP	OCALA FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETRIE, MICHAEL	
STREET ADDRESS	410 NE 44TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL	

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

Date

Daytime Phone # 0042812

CR2E037 (9/96)