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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34285					
1. Corporation Name FLORIDA ACADEMY OF CHIROPRACTIC, INC.					
Principal Place of Business C/P M J BARTELL DC 57 W HILLSBORO BLVD DEERFIELD BEACH FL 33441 US			Mailing Address C/O M J BARTELL DC 57 W HILLSBORO BLVD DEERFIELD BEACH FL 33441 US		



2. Principal Place of Business 21 DAVID E. YACHTER, D.C. Suite, Apt. #, etc. 22 1848 NOB HILL ROAD City & State 23 PLANTATION, FL. Zip Country 24 33322 25 USA		2a. Mailing Address 26 DAVID E. YACHTER Suite, Apt. #, etc. 27 1848 NOB HILL ROAD City & State 28 PLANTATION, FL. Zip Country 29 33322 30 USA		3. Date Incorporated or Qualified 09/19/1989	
		4. FEI Number 59-2997902		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent BARTELL, M J DC 57 W HILLSBORO BLVD DEERFIELD BEACH FL 33441				10. Name and Address of New Registered Agent 81 Name DAVID YACHTER, D.C. 82 Street Address (P.O. Box Number is Not Acceptable) 1848 NOB HILL ROAD 83 PLANTATION, FL. 33322 84 City FL 85 Zip Code 33322			
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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] (NOTE: Registered Agent signature required when reinstating) DATE 2/4/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BURNS, BRIAN		1.2 NAME	YACHTER, DAVID			
STREET ADDRESS	6510 ARMENIA AVE		1.3 STREET ADDRESS	1848 NOB HILL ROAD			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	PLANTATION, FL. 33322			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FOGARTY, KEVEN		2.2 NAME	CHRISTMAN, HERBERT			
STREET ADDRESS	5275 CURRY FORD ROAD		2.3 STREET ADDRESS	2090 9 ST. North			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARTELL, MJ		3.2 NAME	HARTLEY, THEODORE			
STREET ADDRESS	57 W HILLSBORO BLVD		3.3 STREET ADDRESS	5621 CENTRAL AVE.			
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RUBEINSTEIN, HENRY		4.2 NAME	WEINGARTEN, MINDY			
STREET ADDRESS	9848 E FERN ST		4.3 STREET ADDRESS	4606 CLYDE MORRIS BLVD.			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	PORT ORANGE, FL. 32119			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRESTON, LAWRENCE		5.2 NAME				
STREET ADDRESS	419 NE 36TH AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETRIE, MICHAEL		6.2 NAME				
STREET ADDRESS	410 NE 44TH ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		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 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.

SIGNATURE: [Signature] DATE: 2/4/99 DAYTIME PHONE: 954-476-8894

CR2E037 (1/198)