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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90017 014 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002156

1. Corporation Name

PINELLAS COUNTY CHIROPRACTIC SOCIETY, INC.

Principal Place of Business

PO BOX 7515  
SEMINOLE FL 34645  
US

Mailing Address

6123 PARK BLVD  
PINELLAS PARK FL 34665  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33775 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33775 Country 30	3. Date Incorporated or Qualified 05/07/1993 4. FEI Number 59-3188152 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

PIGNATELLO, DAVID J  
6123 PARK BLVD  
PINELLAS PK FL 34665

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33781

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	D <input type="checkbox"/> DELETE	1.1 TITLE	T - TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIGNATELLO, DAVID J.	1.2 NAME	
STREET ADDRESS	6123 PARK BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREED, FREDERICK S	2.2 NAME	
STREET ADDRESS	4111 16TH ST NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRIZIN, SCOTT L	3.2 NAME	
STREET ADDRESS	1940 W BAY DR STE 4	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, REGINA	4.2 NAME	
STREET ADDRESS	1201 S. HIGHLAND AVE #8	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33771	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	P - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELUSO, KEN	5.2 NAME	
STREET ADDRESS	35008 U.S. 19 N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	D - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RODERICK	6.2 NAME	
STREET ADDRESS	5500 NINTH STREET N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG 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:

*David J. Pignatello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99  
Date

727/541-3599  
Daytime Phone #

CR2E037 (11/98)