FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004220 (9)

1. Corporation Name
PREFERRED CHIROPRACTIC PHYSICIANS, INC.

Principal Place of Business	Mailing Address
217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811	217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994
3a. Date of Last Report:
4. FEI Number: 59-3266158 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MINOR, DEBRA
217 N KIRKMAN RD SUITE 1
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: Pamela A. Sessions
82 Street Address (P.O. Box Number Is Not Acceptable): 217 N. Kirkman Rd, Suite 1
83
84 City: Orlando, FL 85 Zip Code: 32811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Pamela A. Sessions — Pamela A. Sessions, Director of Marketing — April 19, 1995
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, HAROLD DC 217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Marsha Marshall-Pfeffer 217 N. Kirkman Rd. Suite 1 Orlando, FL 32811	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, ED DC 217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, GLENN DC 217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATKINS, SAM DC 217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, PATRICK DC 217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINOR, DEBRA 217 N KIRKMAN RD SUITE 1 ORLANDO FL 32811	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DELETE	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ (904) 781-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

Harold P. Smith, D.C. President of the Board of Directors

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