

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004220 (9)

1. Corporation Name

PREFERRED CHIROPRACTIC PHYSICIANS, INC.

Principal Place of Business

217 N KIRKMAN RD SUITE 1
ORLANDO FL 32811

Mailing Address

217 N KIRKMAN RD SUITE 1
ORLANDO FL 32811



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

3. Date Incorporated or Qualified 08/26/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3266158	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SESSIONS, PAMELA A
217 N. KIRKMAN BLVD
SUITE 1
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81	Name GREGG Christoff
82	Street Address (P.O. Box Number is Not Acceptable) 217 N. Kirkman Rd.
83	Suite One
84	City Orlando
85	Zip Code FL 32811

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	SMITH, HAROLD DC	1.2 NAME	Machuga, Mark
STREET ADDRESS	217 N KIRKMAN RD SUITE 1	1.3 STREET ADDRESS	217 N Kirkman Rd Suite 1
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	D	2.1 TITLE	Director
NAME	MARSHALL-PFEFFER, MARSHA	2.2 NAME	Bourassa, DANIEL DC
STREET ADDRESS	217 N. KIRKMAN ROAD, STE. 1	2.3 STREET ADDRESS	217 N. Kirkman Rd Suite 1
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	D	3.1 TITLE	DIRECTOR
NAME	JONES, GLENN DC	3.2 NAME	Toia, Thomas DC
STREET ADDRESS	217 N KIRKMAN RD SUITE 1	3.3 STREET ADDRESS	217 N. Kirkman Rd. Suite 1
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	D	4.1 TITLE	Director
NAME	WATKINS, SAM DC	4.2 NAME	Woods, Ronald
STREET ADDRESS	217 N KIRKMAN RD SUITE 1	4.3 STREET ADDRESS	217 N. Kirkman Rd Suite 1
CITY-ST-ZIP	ORLANDO FL 32811	4.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE	D	5.1 TITLE	Gregory Frazer, Ph.D.
NAME	SULLIVAN, PATRICK DC	5.2 NAME	
STREET ADDRESS	217 N KIRKMAN RD SUITE 1	5.3 STREET ADDRESS	217 N. Kirkman Rd. Suite
CITY-ST-ZIP	ORLANDO FL 32811	5.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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

Harold Smith, D.C. 4/23/96 407/291-2025

Date Daytime Phone #

CR2E037 (12/95)