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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3. Date Incorporated or Qualified

08/26/1994

4. FEI Number

59-3266158

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTOFF, GREGG
217 N. KIRKMAN BLVD
SUITE 1
ORLANDO FL 32811

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME TOIR, THOMAS
STREET ADDRESS 217 N KIRKMAN RD SUITE 1
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE D
NAME MACHUGA, MARK
STREET ADDRESS 217 N KIRKMAN RD SUITE 1
CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE D
NAME JONES, GLENN DC
STREET ADDRESS 217 N KIRKMAN RD SUITE 1
CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE D
NAME WATKINS, SAM DC
STREET ADDRESS 217 N KIRKMAN RD SUITE 1
CITY-ST-ZIP ORLANDO FL 32811

DELETE

TITLE D
NAME WOODS, RON, DC
STREET ADDRESS 217 N KIRKMAN RD SUITE 1
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE D
NAME BAUM, MICHAEL, DC
STREET ADDRESS 217 N KIRKMAN RD., SUITE 1
CITY-ST-ZIP ORLANDO FL

DELETE

1.1 TITLE DIRECTOR
1.2 NAME MICHAEL DUVAL, DC
1.3 STREET ADDRESS 217 N. KIRKMAN RD., SUITE 1
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32811

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE: V

D. MARK MACHUGA

05/01/98

(407) 289-8062

CR2E037 (10/97)