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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32870 (8)

1. Corporation Name

FLORIDA CHIROPRACTIC NETWORK, INC.

Principal Place of Business

5620 SMETANA DR STE 225
MINNETONKA MN 55343

Mailing Address

5620 SMETANA DR STE 225
MINNETONKA MN 55343

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1504, 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 607.0405, Florida Statutes.

SIGNATURE

Signature of the person filing this report (if not the registered agent)

Signature of the person filing this report (if not the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
CP
ALLENBURG, THOMAS J.
5620 SMETANA DR #225
MINNETONKA MN

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
D
COLE, DAVID L.
5620 SMETANA DR #225
MINNETONKA MN

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP
VST
COLE, DAVID L.
5620 SMETANA DR 3225
MINNETONKA MN

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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 I bind 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 registered agent, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a subsequent filing with an amendment.

SIGNATURE:

David L. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Cole

3/20/96

(612) 938-6909

Date

Telephone Number

CR2E034 (12/95)