FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 25 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000006091 (2)**

1. Corporation Name
SUN CHIROPRACTIC CLINICS, INC.

Principal Place of Business	Mailing Address
9297 122ND AVE N LARGO FL 34643-2518	9297 122ND AVE N LARGO FL 34643-2518

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4625 East Bay Drive	26 4625 East Bay Drive
Suite, Apt. #, etc. 22 Suite 303	Suite, Apt. #, etc. 27 Suite 303
City & State 23 Cleawrater, Florida	City & State 28 Clearwater, Florida
Zip / Country 24 34624 / 25 Oinellas	Zip / Country 29 34624 / 30 Pinellas

4. FEI Number: 59-3189024 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Pamela A.M. Campbell,P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Bankers Financial Center
83 360 Central Avenue Suite 1200
84 City: St. Petersburg, FL 85 Zip Code: 33701

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. M. CAMPBELL 3/16/95
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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	GREENLAND, D.C. A	1.2 NAME	Daniel Calabria
STREET ADDRESS	9297 122ND AVE N	1.3 STREET ADDRESS	2120 S. Shore Drive South
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	S. Pasadena, Fl 33707
TITLE	D	2.1 TITLE	Sec. ☒ Change ☐ Addition
NAME	MARTIN, D.C. J	2.2 NAME	Patricia Snair, D.C.
STREET ADDRESS	4615 BEE RIDGE RD	2.3 STREET ADDRESS	501 Paula Drive S.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Dunedin, Fl 34698
TITLE	D	3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	RANNELS, JAY	3.2 NAME	Morris W. Rannels, Jr.
STREET ADDRESS	2006 GLENN RD	3.3 STREET ADDRESS	2006 Glenn Rd.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, Fl 34624
TITLE		4.1 TITLE	Chairman ☒ Change ☐ Addition
NAME		4.2 NAME	Frank Farkas, D.C.
STREET ADDRESS		4.3 STREET ADDRESS	1238 Brightwater Blvd. N.E.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, Fl 33704
TITLE	C.F.O.	5.1 TITLE	Vice Chairman ☒ Change ☐ Addition
NAME	Timothy M. Hohl, CPA	5.2 NAME	Donald Krippendorf, D.C.
STREET ADDRESS	4104 W. Linebaugh Ave Suite 20	5.3 STREET ADDRESS	7972 3rd Ave. South
CITY-ST-ZIP	Tampa, Florida 33624	5.4 CITY-ST-ZIP	St. Petersburg, Fl 33707
TITLE		6.1 TITLE	D ☒ Change ☐ Addition
NAME		6.2 NAME	Richard, Clancy, D.C.
STREET ADDRESS		6.3 STREET ADDRESS	1950 Stickney Point Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota, Fl 34233

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this report.

SIGNATURE: Daniel Calabria Mar. 16, 1995 (203) 530-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0362602 CP