FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



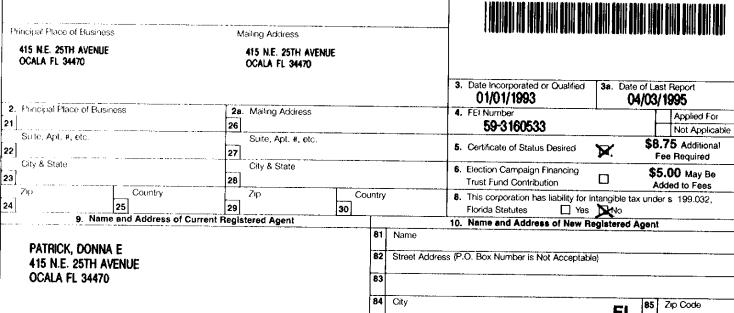
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCI IMENIT #

P9300001560 (0)

| i. Corporation Name | (U) |
|-----------------------------------|-----|
| PATRICK CHIROPRACTIC CENTER, P.A. | |



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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| 12. | Styriature, typied or printed having of registered agent and tire if an | | III: Registered Agent signature required | | DATE | |
|----------------------|---|--------------------------------------|--|--|---|----------------|
| 12. 1616 | OFFICERS AND DIRECT | OFFICERS AND DIRECTORS 13. ADDITIONS | | | S/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| | DATINON DONNA C | DELETE | 1, 1 TITLE | | ☐ Change | Addition |
| NAM: | PATRICK, DONNA E | | 1 2 NAME | | | |
| STREET ADDRESS | 415 N.E. 25TH AVENUE | | 1.3 STREET ADDRESS | | | |
| CHY ST-ZIP | OCALA FL 34470 | | 1.4 CITY - \$7 - 2IP | | | |
| 3,110 | | DELETE | 2 1 TITLE | | ☐ Change | ☐ Addition |
| NAMI | | | 2.2 NAME | | | |
| STREET ADURESS | | | 2 3 STREET ADDRESS | | | |
| CHY ST ZP | | | 2 4 C(TY - ST - Z(P | | | |
| 1111 | | DELETE | 3. 1 TITLE | | ☐ Change | ☐ Addition |
| AMt . | | | 3.2 NAME | | | _ |
| BENT ADDRESS | | | 3.3. STREET ADDRESS | | | |
| 00Y-\$1- Z IP | | | 3.4 CITY - ST - ZIP | | | |
| TILE | | ☐ DELETE | 4. 1 TITLE | | Change | Addition |
| IAME | | | 4.2 NAME | | | |
| PREST ADDRESS | | | 4.3 STREET ADDRESS | | | |
| ITY-S1_ZIP | | | 4.4 CITY - ST - ZIP | | | |
| ILE | | DELETE | 5 1 TITLE | | Change | Maddition |
| AM! | | | 5 2 NAME | | | L , identifier |
| INTEL ADDRESS | | | 5 3 STREET ADDRESS | | | |
| Ty - S1 - 7/P | | | 5 4 CHTY-ST-ZIP | | | |
| 111 | | DELETE | 6 1 TiTLE | | Change | Addition |
| AME | | | 6.2 NAME | | C. c. c. g. | |
| PREED ADDRESS | | | 6.3 STREET ADDRESS | | | |
| niy-si zip | | | 6 4 CITY-ST-ZIP | | | |

I. 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 607, 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 DIRECTO

021796

904368-2987