FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

APPROVED AND FILED

DOCUMENT # P93000010988 (2)

1. Corporate Name
SUNCOAST CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTI C CENTER, P.A.

Principal Address
175 N.E. 10TH AVE
CRYSTAL RIVER FL 32629

Mailing Address
175 N.E. 10TH AVE
CRYSTAL RIVER FL 32629

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 05/12/1994

21 / 26

4. FEI Number: 59-3163417
Applied For / Not Applicable

22 / 27

5. Certificate of Status Desired: $8.75 Additional Fee Required

23 / 28

6. Factor's Company Licensing Trust Fund Contribution: $5.00 May Be Added to Fees

24 / 25 / 29 / 30

8. Does corporation owe liability for intangible tax under F.S. 199.042 Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent

COOPER, STANTON T
175 N.E. 10TH ST.
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

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 Section 607.0505 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 I hereby agree to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE: 4-10-95

12. OFFICER AND DIRECTORS

PSTD
NAME: COOPER, STANTON T
ADDRESS: 4917 S.R. 54
NEW PORT RICHEY FL 34652

VD
NAME: BENNETT, MICHAEL
ADDRESS: 8317 U.S. HWY. 19
PORT RICHEY FL 34668

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the corporation has filed its Florida corporate income tax return, or extension, for the most recent tax year, or is not required to file a Florida corporate income tax return, or is exempt from filing a Florida corporate income tax return, and that all taxes due pursuant to such return have been paid, or that no tax is due. I further certify that the corporation has paid all fees due to the Department of State for the most recent filing of its annual report, and that its registered agent has agreed to accept service of process for the ensuing calendar year.

SIGNATURE: 4-10-95 904-563-6471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0391820 CP