

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000046133 (3)**

1. Corporation Name  
**DUNEDIN CHIROPRACTIC CLINIC, INC.**



Principal Place of Business: **516 PATRICIA AVE. DUNEDIN FL 34698**  
 Mailing Address: **516 PATRICIA AVE. DUNEDIN FL 34698-7813**

3. Date Incorporated or Qualified: **06/30/1993**  
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>NOT APPLICABLE</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
24	29		
25	30		

9. Name and Address of Current Registered Agent  
**COLUCCI, LYNN M.**  
**3711 TAMPA ROAD**  
**218 MIDWAY ISLAND**  
**CLEARWATER FL 34630**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COLUCCI, LYNN</b>	
STREET ADDRESS	<b>516 PATRICIA AVE.</b>	
CITY - ST - ZIP	<b>DUNEDIN FL 34698</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LYNN M. Colucci** / DIRECTOR **4/25/97** 813-734-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)