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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division of Corporations

1996 DOCUMENT #

Principal Place of Business

P93000049681 (8)

CHIROPRACTIC ONE, INC.

Mailing Address

FILED
Jun 03 1996 8:00 am
Secretary of State



SUITE 117 ORLANDO	FL 32806	SUITE 117 ORLANDO FL :		Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report 01/26/1995
2. Principal Pi	lace of Business	2a. Mailing Addres	SS	4. FET Number 59-3190383	Applied For
Suite, Apt.	#, etc	Suite Apt. #, 6			Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	e	Oity & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Ζ(p)	Gountry 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of	Current Registered Agent		10. Name and Address of New R	
	A 818111-1-1		81 Name		
	o, richard J 5. Orange ave., suite 1:	17	82 Street A	Address (P.O. Box Number is Not Acceptab	ole)
ORLAN	IDO FL 32806		63		11/// 12/12/14/14/14/14/14/14/14/14/14/14/14/14/14/
			84 City		E1 85 Zip Code
	to the provisions of Sections 60 red agent, or both, in the State of the obligations of			rporation submits this statement for the pur board of directors. Thereby accept the appo	pose of changing its registered office ointment as registered agent. I am
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	at electrical contribution of the final off	otatos.		
SIGNATURE	Standings breat or couled over a observa-	anton en terretario de an	16.3 (Texas and 18.2) (1.3)		
SIGNATURE _	Signature, by ed or proded name of register OFFICE	retear nachtentag kala RS AND DIRECTORS	This is Registered Agent signation in:		DATE
	OFFICER P		13.	ADDITIONS/CHANGES TO OFFI	
12.	P BOCCO, RICHARD J	RS AND DIRECTORS	13.		ICERS AND DIRECTORS IN 12
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4. I do nereby 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 en powered 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 DIRECTOR

5/20/96

407-850-2225