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 MAY -1 AM 10:15
SECRETARY OF STATE TALLAHASSEE
REMITTED BY MAX 1

DOCUMENT # P93000076409 (0)

1. Corporation Name
BAY AREA MANAGED CHIROPRACTIC, INC.

Principal Place of Business
7740 66 STREET NORTH
PINELLAS PARK FL 34665

Mailing Address
7740 66 STREET NORTH
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1993
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-3208545 — 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

2. Principal Place of Business
21: 6123 Park Blvd
22: Suite, Apt #, etc.
23: City & State: Pinellas Park FL
24: Zip: 34665
25: County:

2a. Mailing Address
26: 6123 Park Blvd
27: Suite, Apt #, etc.
28: City & State: Pinellas Park FL
29: Zip: 34665
30: County:

9. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J.SPIEGWL,CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Dr. David Pignatello
82 Street Address (P.O. Box Number is Not Acceptable): 6123 Park Blvd
83
84 City: Pinellas Park FL
85 Zip Code: 34665

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 Dr. David Pignatello — 5/11/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRUBBE, JAMES
STREET ADDRESS	7740 66TH ST N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	S
NAME	PIGNATELLO DAVID
STREET ADDRESS	7740 66TH ST N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME	Strubbe, Dr. James	
1.3 STREET ADDRESS	6123 Park Blvd	
1.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME	Pignatello, Dr. David	
2.3 STREET ADDRESS	6123 Park Blvd	
2.4 CITY-ST-ZIP	Pinellas Park, FL 34665	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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 — 5/11/95 — 813/541-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0372970 CP