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CORPORATION ANNUAL REPORT



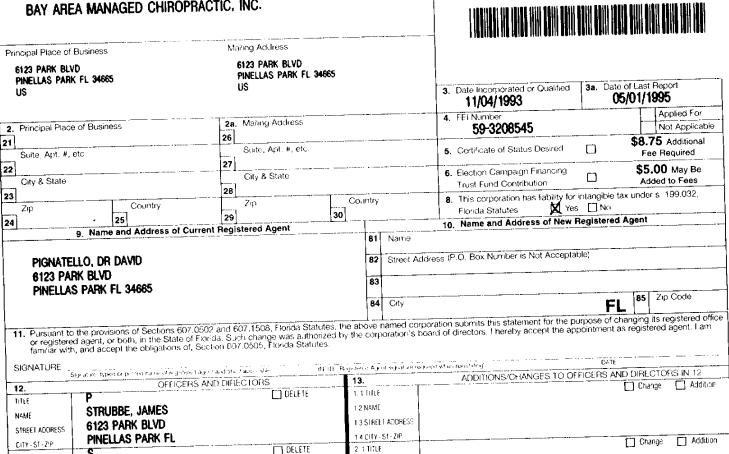
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000076409 (0) **DOCUMENT #** 

 Corporation Name BAY AREA MANAGED CHIROPRACTIC, INC.



CR2E034 TITLE PIGNATELLO, DR DAVID NAME 23 STREET ADDRESS 6123 PARK BLVD STREET ADDRESS 24 CITY - ST ZIP PINELLAS PARK FL ☐ Add-tion Change City - ST - ZIP DELETE 3.1 1016 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - \$1 - ZiP Addition Change CITY - ST - ZIP DELETE 4 1 TITLE TILLE 4.2 NAME NAME 4.3 STHEE! ADDRESS STREET ADDRESS 4.4 CHY-S1-70F ☐ Addition CITY - ST - ZIF DELETE 5 1 THE THILE 5.2 NAMI NAME 5.3 STREET ADDRESS STREET ADDRESS 54 GHY-ST-ZIF Change Addition CITY - ST - ZIP DELETE 6 1 THEF TITLE 6.2 NAME NAME. 6.3 STREET ADDRESS STREET ADDRESS

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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DR. DAVID J. PIGNATELLS D. DAWIDS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

(12/95)