

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000085848 (8)

1. Corporation Name

CHIROPRACTIC CONSULTANTS MANAGEMENT COMPANY



Principal Place of Business

11444 SEMINOLE BLVD.  
LARGO FL 34648

Mailing Address

11444 SEMINOLE BLVD.  
LARGO FL 34648

3. Date Incorporated or Qualified

01/01/1994

3a. Date of Last Report

08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DENNIS L DC  
11444 SEMINOLE BLVD.  
LARGO FL 34648

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 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, DENNIS L	
STREET ADDRESS	5500 NINTH ST. NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33703	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARDING, RANDOLPH C	
STREET ADDRESS	2326 US HIGHWAY 19	
CITY - ST - ZIP	HOLIDAY FL 34691	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLSTROM, GREGORY V	
STREET ADDRESS	11444 SEMINOLE BLVD.	
CITY - ST - ZIP	LARGO FL 34648	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERRING, CAROL A	
STREET ADDRESS	14581 EL PASEO DRIVE	
CITY - ST - ZIP	LARGO FL 34646	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JONES, RODERICK C	
STREET ADDRESS	5500 NINTH STREET NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9 MARINA TERRACE
1.4 CITY - ST - ZIP	TREASURE ISLAND, FL 33706
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	921 55TH AVE. NORTH
5.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33703
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 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: *Dennis L. Jones, DC*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS L. JONES 3-1-96 (813) 525-5500  
Date: \_\_\_\_\_ Ext. Phone: \_\_\_\_\_

CR2E034 (12/95)