

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthard Secretary of State DIVISION OF CORPORATIONS
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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 33778-3237
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1994	3a. Date of Last Report 03/13/1996
21 Suite, Apt. #, etc.	25	27 Suite, Apt. #, etc.	29	4. FEI Number 59-3221846	Applied For <input type="checkbox"/> Not Applicable
23 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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) 9 MARINA TERRACE	
				83	
				84 City TREASURE ISLAND FL 85 Zip Code 33706	

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DENNIS L	1.2 NAME	JONES, DENNIS L.
STREET ADDRESS	9 MARINA TERRACE	1.3 STREET ADDRESS	9 MARINA TERRACE
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, RANDOLPH C	2.2 NAME	
STREET ADDRESS	2326 US HIGHWAY 19	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34891	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLSTROM, GREGORY V	3.2 NAME	
STREET ADDRESS	11444 SEMINOLE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34648	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, CAROL A	4.2 NAME	KAEPERNIK, CAROL
STREET ADDRESS	14581 EL PASEO DRIVE	4.3 STREET ADDRESS	1926 HAWAII AVE. NE
CITY-ST-ZIP	LARGO FL 34648	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RODERICK C	5.2 NAME	
STREET ADDRESS	921 55TH AVE. NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	33703
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BUTLER, CHARLES R.
STREET ADDRESS		6.3 STREET ADDRESS	2100 BILLMAR LANE NORTH
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33714

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: *Dennis L. Jones* DENNIS L. JONES 3-14-97 (813) 525-5500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)