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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9400006536 (4)

CHIRO-CARE OF VENICE, INC.

Principal Place of Business 587 N. 41 BY PASS VENICE FL 34292

21

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

587 N. 41 BY PASS VENICE FL 34292

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified 01/18/1994

65-0465603

4. FEI Number

Zip	22 Suite, Apr.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
Zip	City & State	e	City &	City & State				6. Election Campaign Financing		\$5.00	May Be	
22 25 29 30 Personal Property Tax duo June 30. Text No. No	23		28									
28 30 Personal Property Tax due June 30. Yes No PICKERING, KATHLEEN J S87 N. 41 BY PASS VENICE FL 34292 11. Pursuant to the provisions of Sections 607,0502 and 607,1502, Florida Statutes, the above-named corporation submits this attainment for the purpose of changing its registered agent. I mile DELETE 11 TITLE DPS TITLE DPS DELETE 11 TITLE DPS TITLE DPS DELETE 21 TITLE DELETE 21 TITLE DPS DELETE 31 TITLE DPS DELETE DPS DELETE 31 TITLE DPS DELETE		Country	Zip		Cou	intry		8. This corporation owes or has pa	id the curre	nt year Int	angible	
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SS7 N. 41 BY PASS VENICE FL 34292 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 907 (500 and 907 (500, Fibrids Statutes), the above-harmed corporation submits this statement for the purpose of changing its registered agent, a minimization of Section 607 (500, Fibrids Statutes), the above-harmed corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (500, Florids Statutes), the above-harmed corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (500, Florids Statutes), the above-harmed corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (500, Florids Statutes), the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (500, Florids Statutes), the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (500, Florids Statutes), the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607 (500, Florids Statutes), the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar		9. Name and Address of Current			10. Name and Address of New Re	gistered A	gent					
VENICE FL 34292 Sal City FL Sal Zip Code	Pickering, Kathleen J					81	Name				•	
VENICE FL 34292 883 84	587 N. 41 BY PASS					82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	-	·	
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or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in be an attachment with an address.

1/21/98