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
MAY 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022230 (4)

1. Corporation Name
FLORIDA CHIROPRACTIC MEDICINE, INC.

Principal Place of Business
HERITAGE SQUARE
909 E OAK STREET
KISSIMMEE FL 34744

Mailing Address
HERITAGE SQUARE
909 E OAK STREET
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21 7600 Southland Blvd.
22 Suite 100-201
23 Orlando, Fl
24 32809 25 Orange

2a. Mailing Address
26 c/o Foote 709 W. Oakridge Rd.
27 P.O. Box 590211
28 Orlando, Fl
29 32859-0211 30 Orange

4. FEI Number: 59-3239112 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING, 3RD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-3527

10. Name and Address of New Registered Agent

81 Name: Roger A. Foote
82 Street Address (P.O. Box Number is Not Acceptable): 709 W. Oakridge Road
83
84 City: Orlando FL 85 Zip Code: 32809

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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 the position, Florida Statutes.

SIGNATURE [signature] Roger Foote 05/12/95

12. OFFICERS AND DIRECTORS

Title	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	President
NAME	Barry Rose
STREET ADDRESS	6638 Old Winter Garden Road
CITY-ST-ZIP	Orlando, Fl 32835
TITLE	Secretary
NAME	~~Mark Thornton~~
STREET ADDRESS	5140 Curry Ford Road
CITY-ST-ZIP	Orlando, Fl 32812
TITLE	Treasurer
NAME	Robert J. Esposito
STREET ADDRESS	7400 Southland Blvd. Suite 113
CITY-ST-ZIP	~~Orlando, Fl 32809~~

14. I 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 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 above, or on an attachment with an address.

SIGNATURE: [signature] Robert J. Esposito 05/12/95 851-9114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0376353 CP