

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000022230 (4)

1. Corporation Name

FLORIDA CHIROPRACTIC MEDICINE, INC.



| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 7800 SOUTHLAND BLVD. SUITE 100-201 ORLANDO FL 32809 US | C/O FOOTE 709 W OAKRIDGE RD. P.O. BOX 580211 ORLANDO FL 32859-0211 US |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 03/23/1994 | 05/18/1995 |
| 4. FEI Number | Applied For |
| 59-3239112 | 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. 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

**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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 | | DELETE |
|----------------------------|--|-------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> |
| NAME | ROSE, BARRY | |
| STREET ADDRESS | 6638 OLD WINTER GARDEN ROAD | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | S | <input checked="" type="checkbox"/> |
| NAME | THORNTON, MARK | |
| STREET ADDRESS | 5140 CURRY FORD ROAD | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | T | <input checked="" type="checkbox"/> |
| NAME | ESPOSITO, ROBERT J. | |
| STREET ADDRESS | 7400 SOUTHLAND BLVD., SUITE 113 | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input checked="" type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|---------------------------------------|--------------------------|-------------------------------------|
| 11 TITLE | P | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 NAME | YATES, KEVIN J. | | |
| 13 STREET ADDRESS | 909 EAST OAK ST. SUITE A | | |
| 14 CITY-ST-ZIP | KISSIMMEE, FL. 34744 | | |
| 21 TITLE | JP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22 NAME | ESPOSITO, ROBERT J. | | |
| 23 STREET ADDRESS | 7400 SOUTHLAND BLVD. SUITE 113 | | |
| 24 CITY-ST-ZIP | ORLANDO, FL. 32809 | | |
| 31 TITLE | S | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32 NAME | THORTON, MARK B. | | |
| 33 STREET ADDRESS | 5140 CURRY FORD RD. | | |
| 34 CITY-ST-ZIP | ORLANDO, FL. 32812 | | |
| 41 TITLE | T | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 42 NAME | BOYLAN, MARK E. | | |
| 43 STREET ADDRESS | 333 WEST MAIN ST. | | |
| 44 CITY-ST-ZIP | APOPKA, FL. 32712 | | |
| 51 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY-ST-ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Robert J. Esposito **ROBERT J. ESPOSITO** 8/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (3/96)