

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022230 (4)

1. Corporation Name

FLORIDA CHIROPRACTIC MEDICINE, INC.

Principal Place of Business

7800 SOUTHLAND BLVD.
SUITE 100-201
ORLANDO FL 32809
US

Mailing Address

C/O FOOTE 709 W OAKRIDGE RD.
P.O. BOX 590211
ORLANDO FL 32859-0211
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

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. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 499 N. S.R. 434

Suite, Apt. #, etc.

22 SUITE 2137

City & State

23 ALTAMONTE SPRINGS, FL

Zip

24 32714

Country

25 SEMINOLE

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

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

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 (Type or print name of registered agent and the date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	YATES, KEVIN J.	
STREET ADDRESS	909 EAST OALK ST., STE A	
CITY - ST - ZIP	KISSIMMEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESPOSITO, ROBERT J.	
STREET ADDRESS	7400 SOUTLAND BLVD, STE 113	
CITY - ST - ZIP	ORLANDO FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THORTON, MARK B.	
STREET ADDRESS	5140 CURRY FORD RD	
CITY - ST - ZIP	ORLANDO FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOYLAND, MARK E.	
STREET ADDRESS	333 WEST MAIN ST.	
CITY - ST - ZIP	APOPKA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK BOYLAN	
1.3 STREET ADDRESS	333 W. MAIN ST.	
1.4 CITY - ST - ZIP	APOPKA, FL 32712	

2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEVIN YATES	
2.3 STREET ADDRESS	909 E. OAK ST.	
2.4 CITY - ST - ZIP	KISSIMMEE, FL 34744	

3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK HARRIS	
3.3 STREET ADDRESS	4270 ALOMA AVE.	
3.4 CITY - ST - ZIP	WINTER PARK, FL 32792	

4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KENNETH J. DOUGHERTY	
4.3 STREET ADDRESS	665 N. DIXIE FREEWAY	
4.4 CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32168	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

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 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:

Kenneth J. Dougherty (TREASURER)

KENNETH J. DOUGHERTY, D.C.

2/5/98 9044235259

CP2E034 (10/97)