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

95 MAY 19 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026207 (8)

1. Corporate Name

FLORIDA CHIROPRACTIC COALITION, INC.

Principal Place of Business	Mailing Address
919 E CYPRESS CREEK ROAD FT LAUDERDALE FL 33334	919 E CYPRESS CREEK ROAD FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:
4. FEI Number: 65-0483656 — [ ] 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 has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

NAGER, BRUCE A
919 E CYPRESS CREEK ROAD
FT LAUDERDALE FL 33334

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 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 section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	TITLE [ ] Change [ ] Addition
NAME	NAGER, BRUCE A	NAME
STREET ADDRESS	919 E CYPRESS CREEK ROAD	STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL 33334	CITY-ST-ZIP
TITLE	VD	TITLE [ ] Change [ ] Addition
NAME	HAROLD, JEROME	NAME
STREET ADDRESS	919 E CYPRESS CREEK ROAD	STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL 33334	CITY-ST-ZIP
TITLE	SD	TITLE [ ] Change [ ] Addition
NAME	REINER, RICHARD	NAME
STREET ADDRESS	5768 OKECHOBEE BLVD	STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP
TITLE	TD	TITLE [ ] Change [ ] Addition
NAME	GORENBERG, STEWART	NAME
STREET ADDRESS	1627 S ANDREWS AVE	STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL 33316	CITY-ST-ZIP
TITLE		TITLE [ ] Change [ ] Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE [ ] Change [ ] Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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: Stewart D. Gorenberg DC — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 (305) 572-6000
DATE — DAYTIME PHONE

0237071 CP