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 -1 AM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000035326 (5)

1. Corporation Name

FUNK CHIROPRACTIC INC.

Principal Place of Business
1867 20TH AVENUE
VERO BEACH FL 32960

Mailing Address
1867 20TH AVENUE
VERO BEACH FL 32960

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:

4. FEI Number: [X] 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 6585 58th Ave	26 SAME 6585 58th Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Vero Beach FL	City & State 28 Vero Beach FL
Zip 24 32967 / Country 25 USA	Zip 29 32967 / Country 30 USA

9. Name and Address of Current Registered Agent

HENF, CINDIE L CPA
1867 20TH AVENUE
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: Susan Eischen
82 Street Address (P.O. Box Number is Not Acceptable): 2201 S. 85th Street
83
84 City: Ft. Pierce FL 85 Zip Code: 34947

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: Susan Eischen — Chiropractic Assistant — 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	[ ] Change [ ] Addition
NAME	FUNK, LEE D.C.	1 NAME	
STREET ADDRESS	1867 20TH AVENUE	1 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32960	1 CITY-ST-ZIP	
TITLE		2 TITLE	[ ] Change [ ] Addition
NAME		2 NAME	100001478791
STREET ADDRESS		2 STREET ADDRESS	-05/08/95--01047--002
CITY-ST-ZIP		2 CITY-ST-ZIP	****200.00 ****200.00
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	TAW [ ] Change [ ] Addition
NAME		4 NAME	5-1-95
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Dr Lee W Funk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0071688 CP