FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 21 1997 8:00 am
Secretary of State

DOCUMENT # **P94000035326 (5)**

1. Corporation Name
FUNK CHIROPRACTIC INC.

Principal Place of Business
6585 58TH AVE.
VERO BEACH FL 32967

Mailing Address
6585 58TH AVE.
VERO BEACH FL 32967-5336

3. Date Incorporated or Qualified: **05/06/1994**
3a. Date of Last Report: **05/09/1996**

2. Principal Place of Business
21 Street, Apt. #, etc.
22 City & State
23 Zip / Country 24 / 25

2a. Mailing Address
26 Street, Apt. #, etc.
27 City & State
28 Zip / Country 29 / 30

4. FEI Number: ~~59-1772150~~ 65-0730186 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent
EISCHEN, SUSAN
2201 S. 25TH STREET
FT.PIERCE FL 34947

10. Name and Address of New Registered Agent
81 Name: Ruth Funk
82 Street Address (P.O. Box Number is Not Acceptable): 6585 58th Ave.
83
84 City: Vero Beach FL 85 Zip Code: 32967

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: RUTHANN FUNK Ruth Ann Funk 3/18/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FUNK, LEE D.C.	1.2 NAME	
STREET ADDRESS	[redacted]	1.3 STREET ADDRESS	6585 58th Ave.
CITY-ST-ZIP	[redacted]	1.4 CITY-ST-ZIP	Vero Beach, FL 32967
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Dr Lee M Funk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111288