FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # P94000058778 (9)

FORT MYERS FAMILY CHIROPRACTIC, P.A.

APPROVED AND FILED

95 MAY -1 PM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3049 CLEVELAND AVE., #100
FORT MYERS FL 33901

3049 CLEVELAND AVE., #100
FORT MYERS FL 33901

3. 08/09/1994

4. FEI Number 65-0572991 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. Does corporation have agents or employees in Florida? Yes X No

24 25 USA 29 30 USA

9. Name and Address of Current Registered Agent

HORWITZ, WAYNE
~~9511 WEST COMMERCIA BLVD~~
SUITE 402
FORT LAUDERDALE FL ~~33304~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2511 WEST COMMERCIAL BLVD

83

84 City FL 85 Zip Code 33304

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the undersigned corporation submits the following statement in the performance of its registered agent has resigned or is unable to perform its duties, and the registered agent has been notified of such resignation or inability to act as registered agent and has given written notice thereof to the corporation as required by Section 607.0505.

DATED

12. Additional Officers and Directors

D
LOVELL, STEPHEN
3049 CLEVELAND AVE., #100
FORT MYERS FL 33901

13. Additional Officers and Directors

14. I hereby certify that the information supplied with this report is true and accurate and that this report is delivered to the Department of State for filing within the time prescribed by Florida Statutes. I further acknowledge that I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE: 4/25/95 2/16/1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0310993 CP