


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

APPROVED  
AND  
FILED

97 JUL -9 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000034374**  
1. Corporation Name **WITH HANDS ONLY CHIROPRACTIC**

Principal Place of Business  
**3710 W. Euclid Ave**  
**Tampa, FL 33629**

Mailing Address  
**(same)**

2. Principal Place of Business 21 <b>3710 W. Euclid Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Tampa Florida</b> Zip 24 <b>33629</b>	2a. Mailing Address 26 <b>same</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>	3. Date Incorporated or Qualified <b>4-27-95</b>	3a. Date of Last Report
		4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DR. COLIN ROBERT MOORE**  
**3710 W. Euclid Ave**  
**Tampa, FL 33629**

10. Name and Address of New Registered Agent

81 Name **N/A**  
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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLIN ROBERT MOORE</b>	1.2 NAME	
STREET ADDRESS	<b>3710 W. EUCLID AVE</b>	1.3 STREET ADDRESS	<b>300002236613--9</b>
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>	1.4 CITY-ST-ZIP	<b>-07/11/97--01123--018</b>
TITLE	<b>VIC PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>****165.00 ****165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANNIE MOORE</b>	2.2 NAME	
STREET ADDRESS	<b>3710 W. EUCLID AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: **Colin Robert Moore** **6/16/97** **(813) 831 8850**

CR2E034 (9/96)

# WITH HANDS ONLY CHIROPRACTIC <sup>(2)</sup>

6/3/97

PAS000084374

Division of Corporations  
Annual Reports Dept.  
POBox 6327  
Tallahassee, FL 32314

**RE: FED. ID # 59-3312345 - ANNUAL REGISTRATION**

Good day Sir or Madam:

My accountant recently informed me that I had not yet paid my annual registration for the corporation. I explained to him that as I receive statements or notification of bills I pay them so if I had not paid it is only because I have not been notified.

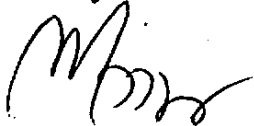
He suggested that I go ahead and pay using this in lieu of a department form and wait for your response.

There have been no changes in officers or registered agents since last year.

If you need an official form to be completed please forward it to me.

Thank you for your attention to this matter.

Sincerely in Good Health,



Colin R. Moore, D.C.