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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000045920 (2)

1. Corporation Name
CHIROPRACTIC MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
14029 CLUBHOUSE CIR #2907 TAMPA FL 33624	14029 CLUBHOUSE CIR #2907 TAMPA FL 33624-3518

2. Principal Place of Business	2a. Mailing Address
21 16204 Talavera	26 16204 Talavera
Suite, Apt. #, etc. 22 De Avila	Suite, Apt. #, etc. 27 De Avila
City & State 23 Tampa, FL.	City & State 28 Tampa, FL.
Zip 24 33613 Country 25 USA	Zip 29 33613 Country 30 USA

3. Date Incorporated or Qualified: 06/01/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3330313 ☐ 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

AUGUSTINE, NANCY G
14029 CLUBHOUSE CIR
#2907
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 16204 Talavera De Avila
83
84 City Tampa FL 85 Zip Code 33613

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] NANCY G. AUGUSTINE 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	AUGUSTINE, NANCY G		12 NAME		
STREET ADDRESS	14029 CLUBHOUSE CIR #2907		13 STREET ADDRESS	16204 Talavera De Avila	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	Tampa, FL. 33613	
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	AUGUSTINE, STEVEN J		22 NAME		
STREET ADDRESS	14029 CLUBHOUSE CIR #2907		23 STREET ADDRESS	16204 Talavera De Avila	
CITY-ST-ZIP	TAMPA FL 33624		24 CITY-ST-ZIP	Tampa, FL. 33613	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed or on an attachment with an address.

SIGNATURE: [signature] NANCY G. AUGUSTINE 4/29/97 813/264-7709