**PROFIT** CORPORATION ANNUAL REPORT



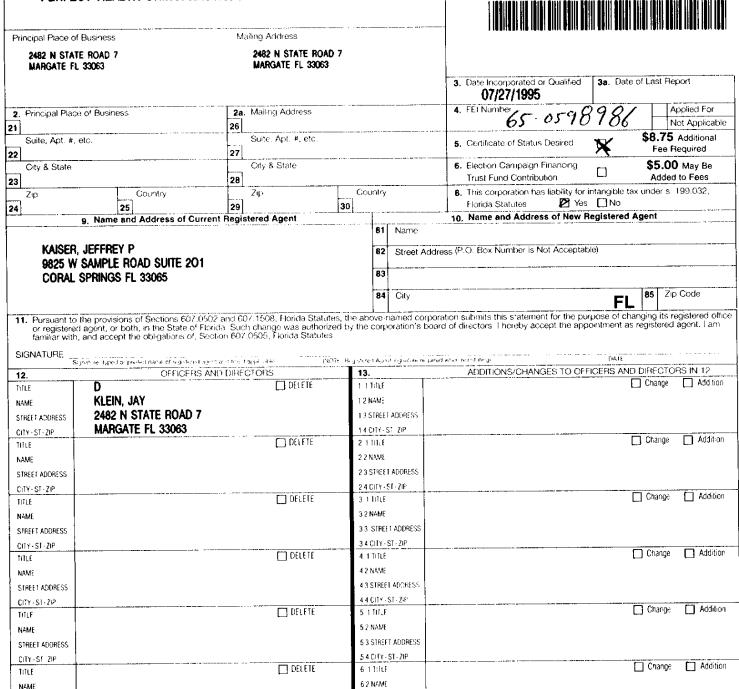
FLORIDA DEPARTMENT Sandra B Morth

Secretary of Stal DIVISION OF CORPOR HONS

1996

P95000058028 (8) **DOCUMENT #** 1. Corporation Name

PERFECT HEALTH CHIROPRACTIC, P.A.



6.3 STREET ADDRESS

6 4 CITY - \$1 - ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

TAY KICIN

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal 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.

CR2E034 (12/95)