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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000001104 (4)

1. Corporation Name

FRED E. RUSSO, DC, P.A.

Principal Place of Business

230 JOHN KNOX ROAD, SUITE 3
TALLAHASSEE FL 32303

Mailing Address

% MICHAEL D. EHRENSTEIN
1970 MIAMI CENTER, 201 SO. BISCAYNE BLVD.
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1996

4. FEI Number

59-3364164

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

1700

1700

9. Name and Address of Current Registered Agent

EHRENSTEIN, MICHAEL D
1970 MIAMI CENTER
201 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

Miami Center Registered Agents, Inc.
201 South Biscayne Boulevard
Suite 1700
Miami, Florida 33131

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RUSSO, FRED E
STREET ADDRESS 230 JOHN KNOX ROAD, SUITE 3
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Tallahassee Chiropractic Sports Medicine and Rehab Center
1.2 NAME S.A.A.
1.3 STREET ADDRESS S.A.A.
1.4 CITY-ST-ZIP S.A.A.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Fred E Russo DC CCS

4/26/98 850 422-2225

CR2E034 (10/97)