

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 15 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000016122 (9)

1. Corporation Name
PRIMA VISTA CHIROPRACTIC CENTER, INC.

Principal Place of Business
887 EAST PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34952

Mailing Address
887 EAST PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3103 Forest Hill Blvd.		26 3103 Forest Hill Blvd.		02/19/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0649339		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 West Palm Beach, FL		28 West Palm Beach, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33406		25 USA		29 33406		30 USA	

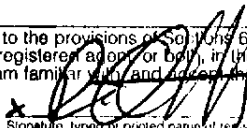
9. Name and Address of Current Registered Agent

ABRAMSON, LAWRENCE M
1880 FOREST HILL BOULEVARD
SUITE 200
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name ALAN L. SCOTT, D.C.
82 Street Address (P.O. Box Number is Not Acceptable)
3103 Forest Hill Blvd
83
84 City West Palm Beach FL 85 Zip Code 33406

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  DATE

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D	SCOTT, ALAN L D.C.	3103 FOREST HILL BLVD	WEST PALM BEACH FL 33406	1.1 TITLE
<input type="checkbox"/> DELETE				1.2 NAME
				1.3 STREET ADDRESS
				1.4 CITY-ST-ZIP
				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 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, 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 (4/97)

(2)

PRIMA VISTA CHIROPRACTIC CENTER

3103 Forest Hill Blvd.
West Palm Beach, FL 33406
(561) 964-5500
(561) 433-4318

September 8, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Prima Vista Chiropractic Center, Inc.
Document #P96000016122

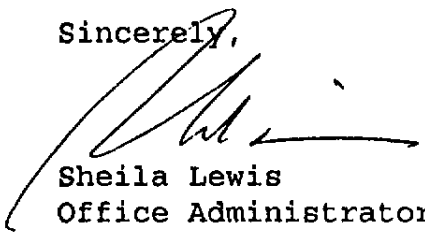
To whom it may concern:

Please be advised that I was just informed today that my application payment for my 1997 Annual Report was never paid. The reason why it was not paid on time was due to the fact that the first notice was sent to our old location. Until I received the second notice I did not know the application went to 887 East Prima Vista Blvd., Port St. Lucie, Fl. 34952. We have been out of that location for the past year and a half.

I am enclosing a check for \$165.00 and hope that you will accept this in full payment as there was a definite misunderstanding.

Thank you for your cooperation in this matter.

Sincerely,



Sheila Lewis
Office Administrator

/sl
Encl.