FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # **P96000037324 (6)**

1. Corporation Name
ORANGE BLOSSOM CHIROPRACTIC CENTER, P.A.

Principal Place of Business
4150-G OKEECHOBEE ROAD
FORT PIERCE FL 34947

Mailing Address
4150-G OKEECHOBEE ROAD
FORT PIERCE FL 34947-5401

3. Date Incorporated or Qualified: 04/30/1996
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0660916 — 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
MANOLAKOS, DOUGLAS B
1000 LINTON BLVD
SUITE A-7
DELRAY BEACH FL 33444-1104

10. Name and Address of New Registered Agent
81 Name
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 signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☒ DELETE
NAME	DOUGLAS B. MANOLAKOS	
STREET ADDRESS	1000 LINTON BLVD., STE A-7	
CITY-ST-ZIP	DELRAY BEACH, FL 33414-1104	
TITLE	VP	☒ DELETE
NAME	CHARLES HELFELD	
STREET ADDRESS	1113 SE PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952-5332	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Michael Bach	
1.3 STREET ADDRESS	4959 Coconut Creek pkwy	
1.4 CITY-ST-ZIP	Coconut Creek, Fl. 33063	
2.1 TITLE	Vice President	☐ Change ☒ Addition
2.2 NAME	Douglas Manolakos	
2.3 STREET ADDRESS	1000 Linton Blvd #A7	
2.4 CITY-ST-ZIP	Delray Bch, Fl. 33444	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] 4-11-97 (561)595-3300