Date Due: 05/01/93 | Amount Due: | If After Due Date:

FILED
May 06 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: DOCUMENT # P96000051015

PLANTATION CHIROPRACTIC CENTER, INC.
1417 S. UNIVERSITY DR
PLANTATION, FL 33324

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

FILING FEE $200.00	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified: 6-13-96
3a. Date of Last Report:
4. FEI Number: 65-0680095 — Applied For / Not Applicable

2. Mailing Address
21: 1417 S University DR
22: Suite, Apt. #, etc.
23: City & State: Plantation FL
24: Zip: 33324 — 25: Country

2a. Principal Place of Business
26: 1417 S University DR
27: Suite, Apt. #, etc.
28: City & State: Plantation FL
29: Zip: 33324 — 30: Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RADOMIR PENJEVIC
1417 S UNIVERSITY DR
PLANTATION, FL 33324

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 — 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 X [signature] (Registered Agent Accepting Appointment) DATE 4/28/97

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	RADOMIR PENJEVIC	1.2 NAME	
1.3 ADDRESS	4971 SW 94th Ave.	1.3 ADDRESS	
1.4 CITY-ST-ZIP	Cooper City, FL 33328	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	4/28/97
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	400002176294
6.2 NAME		6.2 NAME	-05/13/97--01026--051
6.3 ADDRESS		6.3 ADDRESS	***165.00
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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; I further certify 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, Block 13 if a change or on an attachment with an address.

SIGNATURE X [signature] DATE 4/28/97

Print/Type Name of Signing Officer or Director | Title(s) | Daytime Telephone Number ( )

FOLD ◀ ▶ FOLD