FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

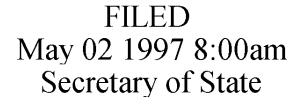
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102246 (1)

CHIROPRACTIC WORKS OF CORAL SPRINGS, INC.

Principal Place of Business Mailing Address **800 N UNIVERSITY DRIVE** 600 N UNIVERSITY DRIVE





CORAL SPRING	GS PL 330/1	CORAL SPRINGS FO	. 33071-6962						
						3. Date Incorporated or Qualified 12/18/1996	3a. Da	te of Las	l Report
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0 7/3719			Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta						Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip	30	untry		8. This corporation has liability for it	, 	tax unde	
<u>67</u>]	9. Name and Address of Curre	ni Registered Agent	[30]	٦		Florida Statutes 10. Name and Address of New Reg			
HAI	EY, MICHAEL			81	Namo	10, 144.110	natered A	.Ac.	
	N UNIVERSITY DRIVE								
	RAL SPRINGS FL 33071			82	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
UUI	THE OF HINGS I'L 330/ I			83					
				L					
				84	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida	Statutor tho	abov	nanad cor	poration submits this statement for the patients board of directors. Thereby accep			e ito sociatorosi
agent. I a SiGNATURE	am lamiliar with, and accept the oblig	gations of, Section 607.0t	sus, Florida Sta	alutes	3.				
12.	Signature, typed or printed name of registered ag	VD DIRECTORS	(NOTE Register		rnt signature requ	used when re-retaing)	DATE	DIDEAT	000 111 10
TITLE	PD	DELE				ADDITIONS/CHANGES TO OFFIC	ERS AND	Chance	
NAME	HALEY, MICHAEL			MAME				опанд	je <u>Li Additidi</u>
STREET ADDRESS					AUDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071								
TITLE		DELE		OTY+S HTUE	11 - ZIF"			☐ Chanc	e Addition
NAME			1	NAME				0.6.15	Jo [] /Ido((IoII
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DELE			21 211		·	Chanc	je 🔲 Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CHY-	S1 - 7(P				
TITLE		D£tF	TE 4.1	IILF				Charig	je 🔲 Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3 3	STREET	ADDRESS				
CITY-ST-ZIP				CHTY - \$	T - 74P				
TITLE		☐ DELE	1E 5.11	IIIE				Chang	e Addition
NAME			5.21	AME					
STREET ADDRESS			5.3 3	STREET	ADDRESS				
CITY-ST-ZIP					1				
	· · · · · · · · · · · · · · · · · · ·			HY-S	1 - 20°				
TITLE		DELE			1 - ZIP		•	☐ Chang	e Addition
		DELE		IILE	1 - ZIP			Chang	e Addition
TITLE		DELE	1E G.11 6.21	TILE NAME	ADDRESS		•	Chang	e Addition

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certury 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.