FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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1997 JUL 18 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P97000000458

1. Corporation Name
Ft. Myers Chiropractic & Nutrition Center Inc

Principal Place of Business	Mailing Address
1429 Colonial Blvd Ft. Myers, Fl. 33907	5516 Montilla Dr. Ft. Myers, Fl. 33919

3. Date Incorporated or Qualified: 12/31/96
3a. Date of Last Report: First One

2. Principal Place of Business	2a. Mailing Address
21 1429 Colonial Blvd	26 5516 Montilla Dr.
22 Suite, Apt. #, etc. Suite 101	27 Suite, Apt. #, etc.
23 City & State Ft. Myers FL	28 City & State Ft. Myers FL.
24 Zip 33907 25 Country	29 Zip 33919 30 Country US

4. FEI Number — ☑ 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

Brad Rice
5516 Montilla Dr.
Ft. Myers, Fl. 33919

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.dent	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Brad Rice		12 NAME	
STREET ADDRESS	5516 Montilla Dr.		13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Fl. 33919		14 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	SCC 7-18-97

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****165.00 ****165.00

CR2E024 (9/96)

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, added or deleted.

SIGNATURE: _____ 7/11/97 941-939-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(1)

FT. MYERS CHIROPACTIC AND NUTRITIONAL CENTER
1429 COLONIAL BLVD., SUITE 101
FT. MYERS, FL 33907
TELEPHONE: (941) 939-3338

July 14, 1997

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As per a telephone conversation with your office today, I am enclosing a completed Annual Report along with a check for $165.00.

I did not receive a preprinted Annual Report form from you; therefore, your office stated that the penalty for filing after May 1 would be waived.

Please contact me should you have any questions, and thank you for your consideration.

Sincerely,

Dr. Bradley W. Price, D.C.
President

BWP/czp