


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90017 042 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000052322 1. Corporation Name PARKWAY CHIROPRACTIC, INC.			
Principal Place of Business 390 TYNDALL PKWY, SUITE 331 PANAMA CITY FL 32404		Mailing Address 390 TYNDALL PKWY, SUITE 331 PANAMA CITY FL 32404	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	
3. Date incorporated or Qualified 06/09/1998		4. FEI Number 59-3522305	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent COSTIN, CHARLES A 413 WILLIAMS AVE PORT ST JOE FL 32458	
9. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code		10. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I 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 to my address.			
SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (5/99)

P9B00005232
605308-9005-5

Florida Department Of State
Katherine Harris
P.O Box 6327
Tallahassee, Florida 32314

New address is

Parkway Chiropractic
516 N. Tyndall Parkway
Panama City, FL 32404

To receive this card, please return it to the
Florida Department of State, Tallahassee, FL 32314