


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

61.25

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>99000052453</u>			
1. Corporation Name <u>Perridotey Chiropractic Clinic, P.A.</u> <u>13430 Gulf Beach Hwy Pensacola, Florida 32507</u>			
Principal Place of Business <u>13430 Gulf Beach Hwy</u> <u>Pensacola, FL 32507</u>		Mailing Address	
2. Principal Place of Business 21 <u>13430 Gulf Beach Hwy</u> Suite, Apt. #, etc. 22 City & State 23 <u>Pensacola, FL</u> Zip 24 <u>32507</u>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <u>U.S.A.</u>	3. Date Incorporated or Qualified <u>June 1998?</u>	
9. Name and Address of Current Registered Agent <u>Dr. Robert Micciche</u> <u>13430 Gulf Beach Hwy</u> <u>Pensacola, FL 32507</u>		10. Name and Address of New Registered Agent 81 Name <u>Idalisse Torres</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>13430 Gulf Beach Hwy</u> 83 84 City <u>Pensacola</u> FL 85 Zip Code <u>32507</u>	
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 <u>Idalisse Torres</u> DATE <u>6/21/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President P/V TIS D/C/M</u> <u>Dr Robert Micciche</u> <u>13430 Gulf Beach Hwy</u> <u>Pensacola, FL 32507</u>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<u>P/V TIS D/C/M</u> <u>Idalisse Torres</u> <u>13430 Gulf Beach Hwy</u> <u>Pensacola, FL 32507</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<u>"I'm deleting myself - Dr Robert Micciche as P/V TIS D/C/M and now making Idalisse Torres the P/V TIS D/C/M"</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<u>Dr Micciche</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE:

Idalisse Torres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/99 (850) 492-2989  
Date Daytime Phone #

CR2E034 (11/98)