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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

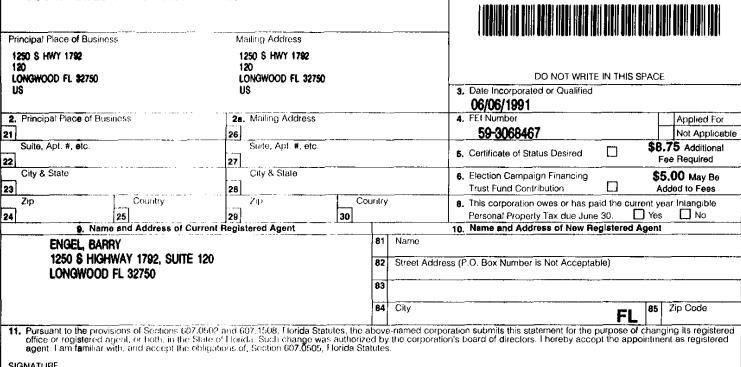
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60119

(2)

COORDINATED CHIROPRACTIC CARE, INC.

FILED
May 20 1998 8:00am
Secretary of State



SIGNATURE Signature, type dior printed name of registered agent and title diapple abit (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VSD DELETE Change ___ Addition TITLE 1.1 TITLE CLIFFORD, NIERENBERG NAME 1.2 NAME CR2E034 **1684 PEREGRINE PT DRIVE** 13 STREET ADDRESS STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Addition Change TITLE 21700 F BECKER, IRVING J. NAME 2.2 NAME 128 WEATHER BURN DRIVE STREET ADDRESS 2.3 STREET ADDRESS ROSWELL GA CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAM STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

14. Thereby 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 an trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an address.

OIONATURE.

4/30/08