SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

007561A

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # V27258 (5)

1. Corporation Name

ASSOCIATED CHIROPRACTIC CENTER, INC.

Principal Place of Business
5701 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address
5701 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip / 24 County

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / 29 Country

3. Date Incorporated or Qualified
03/23/1992

4. FEI Number
65-0316373
[ ] 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A.
165 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

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 section 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 (Required if changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PST		[ ] Change [ ] Addition
12 NAME	CANESTRALE, DAVID		
13 STREET ADDRESS	5701 N. FEDERAL HWY		
14 CITY ST ZIP	BOCA RATON FL		
21 TITLE	VD		[ ] Change [ ] Addition
22 NAME	CANESTRALE, DAVID		
23 STREET ADDRESS	5701 N. FEDERAL HWY		
24 CITY ST ZIP	BOCA RATON FL		
31 TITLE			[ ] Change [ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY ST ZIP			
41 TITLE			[ ] Change [ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY ST ZIP			
51 TITLE			[ ] Change [ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY ST ZIP			
61 TITLE			[ ] Change [ ] Addition
62 NAME			
63 STREET ADDRESS			
64 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 a director or officer 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 added to this report with an address.

SIGNATURE: A. M. Carmen for DBC 10-28-98 994-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (5/98)