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Jun 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V28240 (2)

1. Corporation Name
CHIROMED CHIROPRACTIC CENTER, INC.



Principal Place of Business
P.O. BOX 152517
TAMPA FL 33684

Mailing Address
P.O. BOX 152517
TAMPA FL 33684-2517

3. Date Incorporated or Qualified 04/13/1992
3a. Date of Last Report 04/24/1986

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	58-3127384 59 3127384	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

HARDT, JAMES SR.
2117 WEST OKALOOSA AVE.
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *James Hardt*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BROWN, HARRY W.	1.2 NAME	
STREET ADDRESS	750 MORROW INDUSTRIAL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA 30236	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BROWN, NANCY	2.2 NAME	
STREET ADDRESS	750 MORROW INDUSTRIAL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA 30236	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	MANGELSDOF, KENNETH J.	3.2 NAME	
STREET ADDRESS	8 CHESTY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 and a resident of this state; and that I am not a partner in a partnership that is a corporation or a partnership that is a corporation; and that my name appears in Block 12 or Block 13 if changed, or in a statement with an address.

SIGNATURE *James Hardt*

CR2E034 (9/96)