**Annual Report Form** No. 0 92833 1994 2. Registered Agent and Office NOT A P.O. BOX Due No Later Than November 30. C C WILCHER Return to: 1. Mailing Address - Please Correct, if Not Correct SECRETARY OF STATE 5333 FRANKLIN RD STE'S 700 WEST JEFFERSON CHIROPRACTIC ACADEMY OF HOME PO BOX 83720 BOISE ΙD 83705 BOISE, ID 83720-0080 5536 STADIUM DRIVE **NO FEE REQUIRED** 3. Organized Under the Laws of: \* FIRST NOTICE \* ZEPHYRHILLS FL 33540 10 0 92838 Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of 

Managers or ☐ Members (check one) Office held Name Street or P.O. Address City State Zîp President Daniel P. Towle, DC 6536 Stadium Drive Zephyrhills, FL 33540 Vice-Pres. Robert Fady, DC 490 N. Indian Rocks Rd. Belleair Bluffs, FL 34640 5. 6. I certify that this Annual Report has been examined by me and is to the best of my NATURE OF BUSINESS knowledge true, correct and complete. Signature CHIROPRACTIC EDUCATION Name (Typed or ISSUED: 37-36-1996 142