

No. C 92838	Annual Report Form 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct CHIROPRACTIC ACADEMY OF HOME 6536 STADIUM DRIVE ZEPHYRHILLS FL 33540	C C WILCHER 5333 FRANKLIN RD STE B BOISE ID 83705 3. Organized Under the Laws of: ID C 92838																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="16 361 1420 595"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President/ Secretary</td> <td>Daniel P. Toula</td> <td>6536 Stadium Dr Zephyrhills</td> <td>FL</td> <td></td> <td>33540</td> </tr> <tr> <td>Vice President/ Treasurer</td> <td>Robert Fady, DC</td> <td>490 North Indian Rocks Road Belleaire Bluffs</td> <td>FL</td> <td></td> <td>33640</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President/ Secretary	Daniel P. Toula	6536 Stadium Dr Zephyrhills	FL		33540	Vice President/ Treasurer	Robert Fady, DC	490 North Indian Rocks Road Belleaire Bluffs	FL		33640
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5. Signature of New Registered Agent	6. <table border="1" data-bbox="528 696 1437 840"> <tr> <td>Signature</td> <td><i>Daniel P. Toula</i></td> <td>Date</td> <td><i>7/30/99</i></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small></td> <td><i>Daniel P. Toula</i></td> <td>Title</td> <td><i>President</i></td> </tr> </table>		Signature	<i>Daniel P. Toula</i>	Date	<i>7/30/99</i>	Name <small>(Typed or Printed)</small>	<i>Daniel P. Toula</i>	Title	<i>President</i>										
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