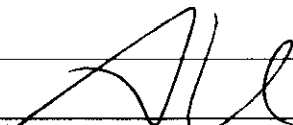


<b>No. C 92838</b>	<b>Due no later than Jul 31, 2000</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable CHIROPRACTIC ACADEMY OF HOMEOPATHY, 6586 STADIUM DRIVE <i>670 Hempstead Ave.</i> <del>ZEPHYRHILLS, FL 33540</del> <i>West Hempstead, NY 11652</i>	C C WILCHER 5333 FRANKLIN RD STE B BOISE, ID 83705  3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Dr. Stacey Stern</td> <td>670 Hempstead Ave.</td> <td>West Hempstead</td> <td>NY</td> <td>11652</td> </tr> <tr> <td>VP.</td> <td>Dr. Craig Martin</td> <td>271 W 11th St 1A</td> <td>New York</td> <td>NY</td> <td>10014</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres.	Dr. Stacey Stern	670 Hempstead Ave.	West Hempstead	NY	11652	VP.	Dr. Craig Martin	271 W 11th St 1A	New York	NY	10014
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VP.	Dr. Craig Martin	271 W 11th St 1A	New York	NY	10014															
5. Organized Under the Laws of:  IDAHO C 92838	6. Signature  Date <i>5/27/00</i> Name <small>(Typed or Printed)</small> <i>Dr. Stacey Stern</i> Time <i>11:50am</i>																			