

FLORIDA DE PARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90296 001 \*\*\*150.00

## DOCUMENT # 489668

DYNAMI	C HEALTH PLAZA, INC.					5/50) 1/50) 5/60) 5/50) 3/60) 5/50) 1/50)
Principal Plac	e of Business	Mailing Address			וויםר רשיום שוווים שוושו שוושר השנים זוושסר ?	BIDII DIDII DIDII DIDII RIBII DIDII IDDI
4141 S TAMAMI TRAIL 4141 S TAMAMI TRAIL						
SUITE 20 SUITE 20					DO NOT WRITE IN	THE SPACE
SARASOTA FL 34231 SAR US US		SARASOTA FL 34231			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
		00		11/17/1975		
2. Principal Place of Business   2a. Mailing Address					4. FEI Number	Applied For
21		<del>}</del>	<del>}−</del> -		59-1631167	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Recuired	
City & S ate		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Coun ry	Zip	Country		8. This corporation owes the current ye	
24	25)		0		Personal Property Tax.	Yes []No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Regist	ereti Agent
GRIF	FIN, MONA M.			Ivanic		
8253 WEBBER ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34240			83	·		
* . ,,			100			
			84	City		FL 85 Zip Cocle
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered as	gent an I title if applicable. (NOTE: 1:			al when reinstating) DA	
12.		ND LIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	PD	☐ DELETE	1.1 TITLE	}		Change [] Addition
NAME I	GRIFFIN, MONA M.		1.2 NAME			
STREET ADDRESS	8253 WEBBER ROAD		1	ADDRESS		
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	14 CITY-S	T-ZIP	- <del></del>	Change [] Addition
TITLE	COICEIN EDWADD E	Doctor	2.1 TITLE	}		
NAME STREET ADDRESS	GRIFFIN, EDWARD F. 8253 WEBBER ROAD		2.2 NAME 2.3 STREET	***************************************		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-S			
TITLE	SD	☐ DELETE	3.1 TITLE	1.51		Change Addition
NAME	HENRY, CALVIN		3.2 NAME			
STREET ADDRESS	3336 PEMBROOK DR.		3.3 STREET ADDRESS			
CITY ST-ZIP	SARASOTA FL		3.4. CITY+ST+ZIP			ì
IITLE		☐ DELETE	4.1 TYTLE			[☐ Change ☐ Addition
- <b>-</b>			4. 2 NAME	}		
Let ADDRESS			4.3 STREET	ADDRESS		
··· ST-ZIP			4.4 CITY-S	r-ZIP		
		DELETE	5.1 TITLE			[] Change Duddition
			32 NAME	4800565		ļ
ADDRESS			33 STREET	1		
ST ZIP		☐ DELETE	1.4 CITY-ST	I-ZIP		Change [] Addition
		☐ DELETE	E 2 NAME	<b></b>		Change Addition
-			63 STREET	AUUDEsc		
I ADDRESS			E .			ĺ
ST-ZIP			6 4 CITY-S	-211		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), iflorida 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 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 on an attachment with an address, with all other like empowered.