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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G40257 1. Corporation Name

CURTIS G. MYHREE, D.C., P.A.

Mailing Address

% CURTIS G. MYHREE. D.C.

Principal Place of Business

% CURTIS G. MYHREE. D.C. IS HIGHWAY 41 NORTH

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90015 004 ***150.00



8843 HIGHWAY 4	I NORTH	LUTZ FL 33549			3. Date Incorporated or Qualifed		
UTZ FL 33549							
			-		05/20/1983		
		1 - 1 11 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4. FEI Number	Applie	
2. Principal Plac	ce of Business	2a. Mailing Address			59-2296423	Not A	pplicable
न	·	26				\$8.75 Add	
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requ	
¬ `` ' '		27				\$5.00 Ma	w Be
City & State		City & State		•	6. Election Campaign Financing	Added to f	-
¬		28			Trust Fund Contribution		-
23	Country	Zip	Countr	y	8. This corporation owes the current year	r Intangible Ves	No
Zip	25	29	30		Personal Property Tax.		
24	9. Name and Address of Current				10. Name and Address of New Registe	rea Agent	
	9. Name and Address of Corrent	· · · · · · · · · · · · · · · · · · ·	8	l Name			
MVUD	CE CURTIS G. D.C.		<u>_</u>	1 0 4 0 4	ess (P.O. Box Number is Not Acceptable)		
MYHREE, CURTIS G., D.C.			8:	2 Street Addr	ess (P.O. Box Number is Not resoption)	ا <u>المائم المائ</u> ية في المائمة المائي المائمة	
	HIGHWAY 41 NORTH		8:	<u></u>		医温温器	
LUTZ FL 33549			ا ا	~		<u>5-73 49 5439</u>	0.新組 (42) (3.50)
	•		8	4 City	The state of the s	S5 Zip Co	ae .
						o of changing its re	gistered
	the provisions of Sections 607 0502	and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the purpos	ppointment as regis	stered
office or re	gistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a ions of, Section:607.0505, Flor	rida Statute	es.	oration submits this statement for the purpos on's board of directors. I hereby accept the a		
					DAT	Œ	
SIGNATURE	Signature, typed or printed name of registered agen	Condition of the		gent signature require	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
12.	OFFICERS AN	D DIRECTORS	13.			Change	☐ Addition
TITLE	PTD	☐ DELETE	1.1 TITLE	,	The Control of the		
NAME	MYHREE, CURTIS G D C		1.2 NAM	Ē			
	18843 HIGHWAY 41 NORTH		1.3 STRI	ET ADDRESS	•		
STREET ADDRESS			1.4 CITY	-ST-ZIP		Change	☐ Addition
CITY-ST-ZIP	LUTZ, FL 00000	☐ DELETE	2.1 TITL			Change	
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NAME				EET ADDRESS			
STREET ADDRESS			1	ì			
CITY-ST-ZIP				Y-ST-ZIP		Change	☐ Additio
TITLE		☐ DELETE	3.1 TITL	1			
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1 9/3/11/3/5/5/	Philipping to the control of		3.3 STR	EET ADDRESS			
STREET ADDRESS			3.4. CIT	Y-ST-ZIP	, y , g , h , h	Change	Addition
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STREET ADDRESS							
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NAME				REET ADDRESS	•		
STREET ADORESS	197, 8, 1787		1		•		
1	1		6.4 CT	ry-st-zip			

14. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE: