

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUN 23 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J74686 (3)
1. Corporation Name
PATSY DREYER, INC.



Principal Place of Business 1915 NE 45TH ST 1915 NE 45TH ST, SUITE 108 FT. LAUDERDALE FL 33308 US	Mailing Address 1915 NE 45 ST. STE 108 FT. LAUDERDALE FL 33308-5100 US
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3. Date Incorporated or Qualified 05/26/1987	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0001726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DREYER, PATSY 3100 NE 48TH ST #1008 FORT LAUDERDALE FL 33308	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	DREYER, PATSY
STREET ADDRESS	3100 NE 48TH ST #1008
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	400002221904--8
3.3 STREET ADDRESS	-06/24/97--01098--008
3.4 CITY-ST-ZIP	***165.00 ***165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE _____ DATE 6-18-97

CR2E034 (9/96)

Patsy Dreyer, D.C., C.C.S.P.

Chiropractic Physician
Certified Sports Physician
Acupuncture

1915 NE 45th Street, Suite 108
Fort Lauderdale, FL 33308
(305) 771-1888
Fax: (305) 771-0201

June 18, 1997

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE : Patsy Dreyer, Inc.
Document #J74686

Dear Division of Corporations:

Enclosed is a check in the amount of \$165.00 for the filing fee for the 1997 Profit Corporation Annual Report. I realize that I have exceeded the filing date of May 1, however, I would appreciate any consideration you could allow me due to my circumstances.

I have been in ill health since 1991 and my health has continued to worsen over the years. At present I have had to cut back my practice to only a few patient per day as I can no longer work a full schedule. I am diagnosed as having reoccurring endometriosis, after having a complete hysterectomy and oophorectomy. This disease has left me with debilitating pain and constant migraine headaches. If I had purchased disability insurance at the time I opened my practice I would no longer be working. But I did not purchase disability insurance and therefore must try to continue to work.

Due to my failing health my mother, Mrs. Adra Dreyer, has been living with me since 1992 to help to do the errands, grocery shopping, cleaning, and cooking. In this way, what little energy I had could be put toward caring for my patients. However, in January of 1997 my mother was diagnosed with demyelinating polyneuropathy and myopathy. She no longer is able to drive, has difficulty walking and now requires constant attention.

Since my mother's failing health my sister, Mrs. Norma Murphy, has been commuting from her home in Stuart, Florida to help both my mother and me. She has been trying to fill in at the office since my secretary has left and she is the one that brought it to my attention that my annual report to the Division of Corporations has not been filed for 1997.

Division of Corporation
June 18, 1997

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Patsy Dreyer, D.C.
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Please understand that this is a definite oversight on my part. I would truly appreciate any consideration you may have for not charging a late fee for filing. The late fee would definitely be a hardship due to the fact that I am not able to work a full schedule. If you need any verification from any of our doctors, please do not hesitate to ask.

Sincerely,

Patsy Dreyer, D.C.
Patsy Dreyer, D.C.

PD/hd
Enclosure