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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K05442 (4)

1. Corporation Name  
THE HAZELCORN THERAPY CLINIC, INC.

Principal Place of Business

642 GLADES RD.  
BOCA RATON FL 33431

Mailing Address

642 GLADES RD.  
BOCA RATON FL 33431-6414



2. Principal Place of Business

21 7250 N.E. 8th Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 7250 N.E. 8th Ave  
Suite, Apt. #, etc.

City & State

23 Boca Raton, FL  
Zip Country

24 33487 25 P.B.

City & State

28 Boca Raton, FL  
Zip Country

29 33487 30 P.B.

g. Name and Address of Current Registered Agent

HAZELCORN, STEVEN L.  
642 GLADES ROAD  
OAKS PLAZA  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

12/07/1987

3a. Date of Last Report

04/26/1996

4. FEI Number

59-2862578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

STEVEN L. HAZELCORN

82 Street Address (P.O. Box Number is Not Acceptable)

7250 N.E. 8th Ave

83

84 City

BOCA RATON, FL

FL

85 Zip Code

33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME HAZELCORN, DR. STEVEN L.  
STREET ADDRESS 642 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE  
NAME HAZELCORN, MARIANNA  
STREET ADDRESS 642 GLADES RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Steven L. Hazelcorn Steven L. Hazelcorn 4/6/97 561  
Signature, typed or printed name of signing officer or director Date Daytime Phone # 2950020

CR2E034 (9/96)