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

PROFIT CORPORATION ANNUAL REPORT

~~1998~~ 1999

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

FILED
99 JUN 14 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # L03427 (6)

1. Corporation Name
HAMMOCKS CHIROPRACTIC CENTER, INC.

Principal Place of Business	Mailing Address
1919 NE 45th St. Suite 115 Ft. Lauderdale, FL 33308	1919 NE 45th St Suite 115 Ft. Lauderdale, FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1989

2. Principal Place of Business	2a. Mailing Address
21 357 Poinciana Island Dr.	26 357 Poinciana Island Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL
Zip / Country 24 33160 / 25 Dade	Zip / Country 29 33160 / 30 D.

4. FEI Number: 65-0138444 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Ken Rapp CPA. 1919 NE 45th St Suite 115 Ft. Lauderdale, FL 33308	81 Name: Lee M. Solomon 82 Street Address (P.O. Box Number is Not Acceptable): 357 Poinciana Island Dr. 83 84 City: Miami FL 85 Zip Code: 33160

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 reg. 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 regist. agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lee M. Solomon PRES 6/9/99
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SOLOMON, LEE M. 1919 NE 45th St Suite 115 Ft. Lauderdale, FL 33308	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PST Solomon Lee M. 357 Poinciana Island Dr. Miami FL 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	500002911085 -06/21/99--01145--004 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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: Lee Solomon Pres 6/9/99 305-944-8743

6/14/99

HAMMOCKS CHIROPRACTIC CENTER INC.
357 POINCIANA ISLAND DR.
MIAMI BEACH, FL 33160
305-944-8743

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

RE: Hammocks Chiropractic Center, Inc.
FEI #: 65-0138444

Dear Madam/Sir:

We did not receive our Corporation Annual Report for 1999.

Please accept the enclosed Corporation Annual Report (with corrections) at the $150.00 fee.

Thank you for your consideration.

Sincerely,

Lee M. Solomon, D.C.