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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M13356

1. Corporation	Name	•				
RICKENE	BACK ASSOCIATES, INC.					
						H
Principal Place	e of Business	Mailing Address				
20335 BISCAYN	E BLVD.	20335 BISCAYNE BLVD.				
STE. #L34 STE. #L34 MIAMI FL 33180 MIAMI FL 33180				DO NOT WRITE IN THIS	3 SPACE	
US LL 33100	•	US		3. Date Incorporated or Qualifed		
1				03/29/1985		ļ
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	,
21		26		59-2616032	Not Applica	ble
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	,
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be)
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	itangible ∐Yes ⊠No	
24	25	29 3	<u> [0] </u>	Personal Property Tax. 10. Name and Address of New Registered		-
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered	- ABenr	—
PEIC	HENBACH, ERIC		I Name			
	1 NE 24 AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	II FL 33180		83			
itin at	11 1 2 33 100					
			84 City	F	85 Zip Code	
	4- 4b	2 and CO7 1509 Florida Statutos	the above-named corn	oration submits this statement for the purpose of	f changing its registers	ed
office or r	edictored agent or both in the State	of Florida. Such change was aut	norized by the corporation	on's board of directors. I hereby accept the appoint	intment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flore	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable. (NOTE: F	Registered Agent signature requires	d when reinstating) DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	2
TITLE	Р	DELETE	1.1 TITLE		Change Add	tition
NAME	REICHENBACH, ERIC		1.2 NAME			
STREET ADDRESS	20335 BISCAYNE BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33180		1.4 CITY-ST-ZIP			
TITLE	VPT	☐ DELETE	2.1 TITLE		Change Add	dition
NAME	REICHENBACH, HARRIET		2.2 NAME			
STREET ADDRESS	20335 BISCAYNE BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33180		2. 4 CITY-ST-ZIP	<u></u>		
TITLE		☐ DELETE	3.1 TITLE		Change Add	nodit
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			Jia:
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Adi	JITION
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	-1141
TITLE]				Change Add	dition
NAME		☐ DELETE	5.1 TITLE		O STATE OF THE	
NAME.		☐ DELETE	5.2 NAME			
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS			
		_	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			Pate -
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE		☐ Change ☐ Add	noitit
STREET ADDRESS		_	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			noitit

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 releiver 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 an an accument units an adverse, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

.QUIRED YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR