SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. MOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$3 PROFIT CORPORATION ANNUAL REPORT 1996 DIVISION OF CORPORATIONS COLUMENT # DOCOMORO42 (3)					IATÉ			
OCUMENT # P9300008942 (3) INTEGRAL CLINIC INC.								
rincipal Place of Business 2109 SW 27TH AVE. MIAM FL 33145		2109 SW	Mailing Address 2109 SW 27TH AVE. MIAMI FL 33145					
						 Date Incorporated or Qualified 02/05/1993 		of Last Report 24/1995
Principal Pla	ace of Business	<u> </u>	Address			4. FEI Number 65-0386132		Applied For Not Applicable
Suite Apt #	I, etc.	⊢ ₁ '	Apt #, etc.			5. Certificate of Status Desired	M	\$8.75 Additional Fee Required
City & State		27 City & S	State			6. Election Campaign Financing		\$5.00 May Be
	Country	28 Zip		Country	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution 8. This corporation has liability for	ir intangible ta	Added to Fees x under s. 199 032,
Zip	25	29		30		Florida Statules	Yes [_]	No
	9. Name and Address of	Current Registered Ag	gent	81	Name	10. Name and Address of New F	registered Aç	Jent
PONCE DE LEON, ANGEL 1					Street Ad	ddress (P.O. Box Number is Not Accept	able)	
	AMI FL 33145			83				
				84	City			85 Zip Code
				1	1 1		FL	
1. Pursuant ti	to the provisions of Sections 6	507,0502 and 607, 1598	Florida Statute	es the above	named co	propration submits this statement for the	purpose or cr ept the appoin	tment as registered
office or re agent I an	egistered agent, or both, in the m familiar with, and accept the Signature typed or printed name of regin	e State of Florida, Such is enabligations of, Section of the depote the state of applicable ERS AND DIRECTORS,	n 607.0505, file	orida Statutes	ine corpor	orporation submits this statement for the ration's board of directors. Thereby accessored when recessions: ADDITIONS/CHANGES TO OF	OAI£	DIRECTORS IN 12
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