

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90004 008 ***158.75

DOCUMENT # P93000008942

1. Corporation Name

INTEGRAL CLINIC INC.

Principal Place of Business

2109 SW 27TH AVE.
MIAMI FL 33145

Mailing Address

2109 SW 27TH AVE.
MIAMI FL 33145

2. Principal Place of Business

22 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 P.O. Box 5689

27 Suite, Apt. #, etc.

28 City & State

29 LAKE WORTH FL
30 33461 Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1993

4. FEI Number

65-0386132

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PONCE DE LEON, ANGEL L
2109 SW 27TH AVE.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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]

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 P ☐ DELETE

NAME PONCE DE LEON, ANGEL L.
STREET ADDRESS 5500 S.W. 77TH COURT, STE. 308
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME PONCE DE LEON, ANGEL L.
STREET ADDRESS 2109 SW 27TH AVE.
CITY-ST-ZIP MIAMI FL 33145

TITLE T ☐ DELETE

NAME PONCE DE LEON, ANGEL L.
STREET ADDRESS 2109 SW 27TH AVE.
CITY-ST-ZIP MIAMI FL 33145

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 P ☒ Change ☐ Addition

1.2 NAME PONCE DE LEON ANGEL L.
1.3 STREET ADDRESS 2109 SW 27TH AVE.
1.4 CITY-ST-ZIP MIAMI FL 33145

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME PONCE DE LEON ANGEL L.
2.3 STREET ADDRESS 2109 S.W. 27TH AVE.
2.4 CITY-ST-ZIP MIAMI FL 33145

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME PONCE DE LEON ANGEL L.
3.3 STREET ADDRESS 2109 S.W. 27TH AVE.
3.4 CITY-ST-ZIP MIAMI FL 33145

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-99 (305) 285-9333
Date Daytime Phone #

CR2E034 (11/98)