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Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000078343 (9)**

1. Corporation Name

JULIE ANN STUBER, D.C., C.C.S.P., C.C.R.D., P.A.

Principal Place of Business

**180 E. HIGHLAND AVE
CLERMONT FL 34711
US**

Mailing Address

**180 E. HIGHLAND AVE
CLERMONT FL 34711
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2220 E. Irlo Bronson Memorial Hwy		2a. Same as 2		11/01/1993	
22 Suite, Apt. #, etc. Suite 9		27 Suite, Apt. #, etc.		4. FEI Number 59-3217678	
23 City & State Kissimmee, FL		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34744		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Oceola		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STUBER, JULIE A 180 E HIGHLAND AVE CLERMONT FL 34711				81 Name DR. JULIE STUBER, CCSP, C.C.R.D.	
				82 Street Address (P.O. Box Number is Not Acceptable) 2220 E. Irlo Bronson Memorial Hwy	
				83 Suite 9	
				84 City Kissimmee FL 85 Zip Code 34744	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	STUBER, JULIE ANN D CCRO	1.2 NAME	Stuber, Dr. Julie Ann C.C.S.P., C.C.R.D.
STREET ADDRESS	180 E HIGHLAND AVE	1.3 STREET ADDRESS	2220 E. Irlo Bronson Memorial Hwy. Ste 9
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

Dr. Julie Stuber, CCSP, CCRO

4/21/98

407-P46-8850

CR2E034 (10/97)