

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 23, 1999 8:00 am
Secretary of State
08-23-1999 90008 038 ***150.00

DOCUMENT # **P95000007265** ✓

1. Corporation Name
MOULTRIE CHIROPRACTIC CENTER, P.A.

608741 - 90008 - 38



Principal Place of Business
**4255 U.S. 1 NORTH
SUITE 13
ST. AUGUSTINE FL 32086**

Mailing Address
**4255 U.S. 1 NORTH
SUITE 13
ST. AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1995	
4. FEI Number 59-3282310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent
**SIARKOWICZ, EDWARD C
4255 U.S. 1 SOUTH
SUITE 13
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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] **Sec/Treas** 8/16/99
Signature (typed or printed name of registered agent acceptable if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

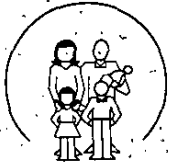
12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SAGE, JANICE K
STREET ADDRESS	4255 US 1 SOUTH #13
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	SIARKOWICZ, EDWARD C
STREET ADDRESS	4255 U.S. 1 NORTH #13
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE [Signature] **Sec/Treas** 8/16/99 608741-90008-38

CR2E034 (5/99)



MOULTRIE CHIROPRACTIC CENTER, P.A.

Dr. Janice K. Sage
Dr. Edward C. Siarkowicz

4255 U.S. 1 South, Suite 13
St. Augustine, Florida 32086
(904) 797-2494

16 August, 1999

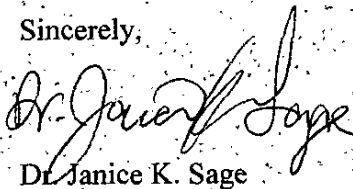
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Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To whom it may concern,

This letter is a follow up to a conversation I had with a representative at your office in regards to our not receiving an initial notice for corporate filing. Enclosed you will find a check for the amount of \$150.00.

Sincerely,


Dr. Janice K. Sage