

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

FILED

Sep 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P950000 34374

1. Corporation Name
WITH HANDS ONLY CHIROPRACTIC P.A.

Principal Place of Business
3710 W. EUCLID AVE.
TAMPA, FL 33629

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

4/27/95

4. FEI Number

59-3312345

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 or has paid the current year intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

DR. COLIN ROBERT MOORE
3710 W. EUCLID AVE.
TAMPA, FL 33629

10. Name and Address of New Registered Agent

81 Name

NO CHANGE

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 of Registered Agent (must be signed and dated when registering)

Signature of Registered Agent (must be signed and dated when registering)

DATE

12. OFFICERS AND DIRECTORS

1 NAME
DR. MOORE, COLIN ROBERT DR.
2 STREET ADDRESS
3710 W. EUCLID AVE.
4 CITY-STATE-ZIP
TAMPA, FL 33629

1 NAME
DR. MOORE, ANNIE
2 STREET ADDRESS
3710 W. EUCLID AVE.
4 CITY-STATE-ZIP
TAMPA, FL 33629

1 NAME
2 STREET ADDRESS
3 CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
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4 CITY-STATE-ZIP

14. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this annual report or supplement 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 a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name is printed in Block 12 or Block 13 if changed from the previous filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLIN R. MOORE

9/04/98

813-831-8880

CP2E034 (10/97)

(2)

WITH HANDS ONLY CHIROPRACTIC

August 19, 1998

Division of Corporations
Annual Reports Dept.
PO Box 6327
Tallahassee, FL 32314

Re: Fed Tax ID # 59-3312345 - ANNUAL REGISTRATION

Dear Registrar:

My accountant has just now informed me that I have not yet paid my annual registration for this corporation. I have explained to him that I always pay any notices as I receive them. This annual registration was not paid because no notice was received informing me that the registration was due.

My accountant recommends that I go ahead and send you the enclosed check in lieu of a departmental form to avoid further delay and wait for your response.

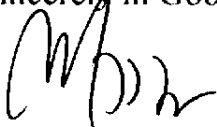
(*) I am also requesting that you verify my address in your records because we are not receiving any correspondence from you.

There have been no changes in officers or registered agents since last year.

Should an official form be required please forward it to me.

Thank you for your attention to this matter.

Sincerely in Good Health,



Colin R. Moore, D. C.

CRM/jsc