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 24 Country 25

2a. Mailing Address
26
Suite Apt #, etc.
27
City & State
28
Zip 29 Country 30

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 new registered agent required when designating) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
D MOORE, COLIN ROBERT DR.
3710 W. EUCLID AVE.
TAMPA, FL 33629
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
D MOORE, ANNIE
3710 W. EUCLID AVE.
TAMPA, FL 33629
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP
NO CHANGES
☐ Change ☐ Addition

2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP
☐ Change ☐ Addition

3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP
☐ Change ☐ Addition

4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP
☐ Change ☐ Addition

5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP
900002646159
-09/22/98--01051--016
***150.00
☐ Change ☐ Addition

6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP
☐ Change ☐ Addition

PE 9.17

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 report or supplemental 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 added.

SIGNATURE: COLIN R. MOORE 9/04/98 813-831-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (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

3710 W. EUCLID AVE. TAMPA, FLORIDA 33629 813-831-8880