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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034374

WITH HANDS ONLY CHIROPRACTIC, P.A.

| Principal Place | e of Business | Mailing Address | | | | Ì | *************************************** | | | | 1250 5127 1537 |
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| 3710 WEST EUCLID AVENUE 3710 WEST EUCLID AVENU TAMPA FL 33629 TAMPA FL 33629 | | | ΙĖ | | | | DO | NOT WRI | TE IN TH! | S SPACE | |
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| 5 Dischal D | tace of Business | 2a. Mailing Address | | | | │ | FEI Number | | | | Applied For |
| | race of Business | \ | | | | " | 59-3312345 | | | <u> </u> | Not Applicable |
| 21 | 4 -1- | Suite, Apt. #, etc. | | | | | <u> </u> | | ···· | | Additional |
| Suite, Apt. | #, etc. | 27 Suite, Apt. #, etc. | | | | 5. | Certifcate of Status | Desired | | + - · · · | Required |
| City & Stat | e | City & State | | | | 6. | Election Campaign I | Financing | | \$5.0 | May Be |
| 23 | | 28 | | | |] | Trust Fund Contribu | tion | Ŀ | Adde | d to Fees |
| Zip | Country | Zip | Col | untry | | 8. | This corporation ow | es the cur | rent year l | ntangible | |
| 24 | 25 | 29 | 30 | | | | Personal Property T | ax. | | ⊠Yes | □No |
| | 9. Name and Address of Current | | | | | 10. | Name and Address | of New | Registere | d Agent | |
| | | | | 81 | Name | | | | | | |
| , MOC | dre, colin robert dr | | | 00 | C1 | H (D | O Bay Number is N | let Assent | abla) | | |
| 3710 WEST EUCLID AVENUE | | | | 82 | Street Ad | aress (P | P.O. Box Number is N | ю Ассері | able) | | |
| TAM | PA FL 33629 | | | 83 | | | | 73: 7: Y | | Pr. 1 4 10 1 | S 150 230 (28) |
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| 011106 01 1 | egistered agent, or both, in the State of marketing from the state of the state of the state of the obligations are stated to the state of the obligations. | tions of Section 607 0505. Flor | rida Stat | tutoc | | | | | | 1 . | - ' |
| signature | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: | Registere | d Agen | it signature requ | | reinstating) | | DATE | , r ⁱ (, , ,) | |
| · - | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: | Registere 13. | d Agen | | | | | DATE | AND DIREC | TORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | t and title if applicable. (NOTE: | Registere | d Agen | | | reinstating) | | DATE | | TORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND D MOORE, COLIN ROBERT DR. | t and title if applicable. (NOTE: | Registered | d Agen | | | reinstating) | | DATE | AND DIREC | TORS IN 12 |
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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 suppliemental 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 allochment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90057 032 ***150.00