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Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90057 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000034374

1. Corporation Name

WITH HANDS ONLY CHIROPRACTIC, P.A.

Principal Place of Business
3710 WEST EUCLID AVENUE
TAMPA FL 33629

Mailing Address
3710 WEST EUCLID AVENUE
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1995

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, COLIN ROBERT DR.
3710 WEST EUCLID AVENUE
TAMPA FL 33629

81 Name

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, 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
NAME MOORE, COLIN ROBERT DR.
STREET ADDRESS 3710 WEST EUCLID AVENUE
CITY-ST-ZIP TAMPA FL 33629

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME MOORE, ANNIE
STREET ADDRESS 3710 WEST EUCLID AVENUE
CITY-ST-ZIP TAMPA FL 33629

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. COLIN MOORE
PRESIDENT

4/19/99

813-831-8880

Date Daytime Phone #

CR2E034 (11/98)