


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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90094 021 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000034601</b>					
1. Corporation Name <b>BAMBI BURNETTE, D.C., P.A.</b>					
Principal Place of Business 10190 BOCA ENTRADA BLVD. #320 BOCA RATON FL 33428 US		Mailing Address 10190 BOCA ENTRADA BLVD. #320 BOCA RATON FL 33428 US			
2. Principal Place of Business 21 10144 Boca Entrada Blvd. Suite, Apt. #, etc. #117 22 City & State 23 Boca Raton, FL Zip Country 24 33428 25 USA		2a. Mailing Address 26 10144 Boca Entrada Blvd Suite, Apt. #, etc. #117 27 City & State 28 Boca Raton, FL Zip Country 29 33428 30 U.S.A.		3. Date Incorporated or Qualified 04/27/1995	
9. Name and Address of Current Registered Agent BURNETTE, BAMBI 10190 BOCA ENTRADA BLVD. #320 BOCA RATON FL 33428		4. FEI Number 65-0576815 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10144 Boca Entrada Blvd 83 # 117 84 City Boca Raton FL 85 Zip Code 33428			
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 TITLE D <input type="checkbox"/> DELETE NAME BURNETTE, BAMBI STREET ADDRESS 10190 BOCA ENTRADA BLDV., #320 CITY-ST-ZIP BOCA RATON FL 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 10144 Boca Entrada Blvd. #117 1.4 CITY-ST-ZIP Boca Raton, FL 33428 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					

SIGNATURE:

*Bambi Burnette, D.C., P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 (561) 445-5108  
(561) 470-9317  
Date Daytime Phone #

CR2E034 (11/98)

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