PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034601

1. Corporation Name

BAMBI BURNETTE, D.C., P.A.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90094 021 ***150.00

Principal Place of Business	Mailing Address			
10190 BOCA RNTRADA BLVD.	10190 BOCA ENTRADA BLVD.)	
#320	#320		DO NOT WRITE IN T	HIS SDACE
BOCA RATON FL 33428	IN FL 33428 BOGA RATON FL 33428 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
US	03			
District Control	D. Mailling Address	 	04/27/1995 4. FEI Number	Appiled For
2. Principal Place of Business	2a. Mailing Address 1. 26 / 0144 Boca Ent	Land Black	** : =: : ::::==	Not Applicable
21 10144 Boca Entrada Blud		rady Diva	65-0576815	\$8.75 Additional
Suite, Apt. #, etc."	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	City & State			
			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Boca Raton, FL Country		ountry		
	J 22 128 []	Ú.S.A.	 This corporation owes the current year Personal Property Tax. 	Yes (1)
24 3 3 4 28 25 U.S.A. 9. Name and Address of Curren			10. Name and Address of New Register	
5. Name and Address of Current	t Registered Agent	81 Name	10, 11411.5	
BURNETTE, BAMBI				
10190 BOCA ENTRADA BLVD.			ess (P.O. Box Number is Not Acceptable)	
#320		83	Bow Entrada Blad	
BOCA RATON FL 33428		# 11	7	
BOOK INTON 12 00120		84 City /2	01	85 Zip Code
		Bou Bou		L 33428
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	2 and 607.1508, Florida Statutes, the of Florida, Such change was authoriz	above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Florida St	atutes.		
SIGNATURE				
Signature, typed or printed name of registered agen		red Agent signature required		
12. OFFICERS AN			ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE D		TITLE		(N) custings Lyaquiton
NAME BURNETTE, BAMBI		NAME	mail 11 Que to about 10 land	die euro
STREET ADDRESS 10190 BOCA ENTRADA BLDV.,	#320	STREET ADDRESS	0144 Boca Entrada Blud. Boca Raton, FL 33428	# 117
CITY-ST-ZIP BOCA RATON FL			304 Katon, FL 33428	57.00 57.44E
TITLE	☐ DELETE . 2.1	TITLE	•	Change Addition
NAME	2.2	NAME	•	
STREET ADDRESS	2.3	STREET ADDRESS		,
_CITY-ST-ZIP	2.4	CITY-ST-ZIP		
TITLE .	☐ DELETE 3.1	TITLE		. Change Addition
NAME)	3.2	NAME		}
STREET ADDRESS	3.3	STREET ADDRESS		{
CITY-ST-ZIP	3.4	. CITY-ST-ZIP		
TITLE	☐ DELETE 4.1	TILE		☐ Change ☐ Addition
NAME	4.2	2 NAME		
STREET ADDRESS	4.3	STREET ADDRESS		{
City-St-zip	4.4	CITY-ST-ZIP	•	
TILE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		- 1		[
	5.3	STREET ADDRESS	•	
I CITV. ST. 710 I		STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	5.4	1		☐ Change ☐ Addition
MILE	5.4 □ DELETE / 6.1	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE NAME	5.4 □ DELETE	CITY-ST-ZIP TITLE NAME		☐ Change ☐ Addition
TITLE	DELETE - 6.1 6.2 6.3	CITY-ST-ZIP	•	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filling 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. CITY-ST-ZIP

SIGNATURE: