**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPART, MENT OF STATE

Katheririe Harris Secretary of State

DIVISION OF CORPORATIONS

## FILED Aug 11, 1999 8:00 am Secretary of State 08-11-1999 90003 038 \*\*\*150.00

| 1. Corporation  | MENT # P96000  | J I DOOU   | ,  |  | . 1  |   |   |
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|   | AUSCULAR CLINIC, INC.  | *  |  | ~,   | 1 100 100 100 100 100 100 100 100 100 1  |   |   |
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| Principal Place   | of Business  | Malling Addre  | 988  |  | 1 100 1155 THE DUTY WHEN BOTH BOTH ABOUT   | MSine ilsin zivet enek                                      | ( 1915) 9833 1849   |
| 750 W. LUMSDI   | EHAD 4020 ETER   | 750 W. LUMSI   | DENT RID, 4                                  | 400 48 <sup>+1</sup> F   | the 20   |   |   |
| <del>8-</del>   |  | D-   | S  | Perensburg   | DO NOT WRITE IN  | THIS SPACE  |   |
| BRANDON FL-8  | 300 10111  | A BHUMBON + C  | 3501 2                                       | 37-11  | 3. Date incorporated or Qualifed   |   |   |
|   | Er 33513   | 5  |  | . د سد ۱۱۱،۵۰۰   | 02/23/1996   |   | - 1   |
| 2. Principal Pt   | lace of Business   | 2a, Malling A  | ddresa                                       | 0  | → A FEI Number   | X Ap  | plied For   |
|   | Strtu74  | 26 44  | 00_  | 48 Th Aue.   | 3 b 65-0736670   |   | t Applicable  |
| Suite, Apt.   |  | Sulte, Apt   | i. #, etc.                                   |  | 5. Certificate of Status Desired   | \$8.75 A  |   |
| 22 JE 1   | <u> 1 · · ·</u>  | 27   |  | <u> </u>   |  | <del></del>   | <u></u>   |
| City & State  | - 1 -  | City & Sta   |  | erch. ac   | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00<br>Added t   | ' '   |
| 23 - Zivi   | City CENTER Country  | - 28 - 31<br>Zlp   | · PER  | Country  | 8. This corporation owes the current yes   |   |   |
| ZA PL   | - B33573   | 29 FL  |  | 3371   | Personal Property Tax.   | □Yes  | □No   |
| <u> </u>  | 9. Name and Address of Current   |  | nt   |  | 10. Name and Address of New Registe  | red Agent   |   |
| <del>.</del>  | <del></del>  | -  |  | 81 Name  |  |   |   |
|   | BOLD, SHERRAIL L   |  |  | 82 Street Add  | iress (P.O. Box Number is Not Acceptable)  |   |   |
| ,,,,,   | W. LUMSDEN RD  |  |  |  |  |   |   |
| <del>D</del> -  | NDON'EL COPAA  |  |  | 83   |  |   | }   |
| BB44  | NDON FL 68511  |  |  |  |  | 85 Zip (  | Code  |
| BRA   |  |  |  | 84 City  |  |   | J   |
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|   |  | and 607.1508, Fi<br>f Florida. Such ch                       | orida Statut                                 | I. I,  | poration submits this statement for the purposion's board of directors. I hereby accept the a  | se of changing its<br>appointment as re                     | - {   |
|   |  | and 607.1508, Fi<br>f Florida. Such ch<br>ons of, Saction 60 | Porida Statul<br>nange was a<br>07.0505, Flo | I. I,  | poration submits this statement for the purposion's board of directors. I hereby accept the a  | se of changing its<br>appointment as re-                    | - {   |
|   | to the provisions of Sections 507.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation  | mesol  | al .   | es, the above-named cor-<br>uthorized by the corporat-<br>rida Statutes.   | poration submits this statement for the purposion's board of directors. I hereby accept the a  | se of changing its<br>appointment as re-                    | - {   |
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