**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DQCUMENT#	P97000002442

t. Corporation Name

PRACTICAL HEALTH CENTER, INC.

1 11/01/0	ME HEALTH														
	<del></del>		1.5-	iling Address				—⊣		1   1231   11   110 101		NYI MBYII MAI			1010 HINI 1000
Principal Place				-				ļ							
840 IVES DAIRY ROAD TIB 840 IVES DAIRY ROAD TIB MIAMI FL 33179 MIAMI FL 33179								Δ.	O NOT WR	ITE IN TH	IS SPAC	`E			
										Date Incorporated			10 01 A	<u></u>	
										01/09/1997	0. 4.0				-
	inna of Discipance		2a.	Mailing Address				-		FEI Number				Apr	olied For
	face of Business	,		Maning Audioss						65-0721445_			1		Applicable
Suite, Apt.	# etc		26	Suite, Apl. #, etc.							. 5		\$8	.75 A	dditional
22	r, 6w.		27	,				ŀ	5.	Certificate of Statu	s Desired			Fee Rec	quired
City & State	e			City & State					6.	Election Campaign	n Financing		\$	5.00 ı	May Be
23			28		_					Trust Fund Contril	oution			laded to	Fees
Zip		Country		-Zip	Co	untry		1		This corporation o		rent year	Intangibl	ie -	\
24	25		29		30					Personal Property			<u> Ø</u> Y		□No
	9, Name an	d Address of Current	t Regis	tered Agent		-	<del></del> -		10.	Name and Addre	ss of New	Registers	d Agen	<u>t</u>	
		•				81	Name	•							
-	LAND, FRANK		000			82	Stree	Addres	ss (P.	O. Box Number is	Not Accept	lable)			
		HIGHWAY 2ND FL	LOOK				<b> </b> -								
NO I	MIAMI FL 3316	<b>31</b>				83	ļ								
				•		84	City						85	ZIp C	ode
		of Sections 607.0502		·			*					F			
agent. I a	egistered agent, m familiar with,	s of Sections 607.0502 or both, in the State o and accept the obligat	tions of,	Section 607.0505	, Florida Sta	itutes		<b>,,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATURE	Signature, typed or p	rinted name of registered agont			(NOTE: Register				when re	einstating)		DATE			
SIGNATURE	Signature, typed or pr	rinted name of registered agent OFFICERS AND	t and tide i	CTORS	(NOTE: Register	ed Ager			when re			DATE	AND DIF	RECTOR	RS IN 12
	PSTD	OFFICERS AND	t and tide i	f applicable.	(NOTE: Register 13	ed Ager			when re	einstating)		DATE	AND DIF		
12.	PSTD LEVEEN, DE	OFFICERS AND BORAH	t and tide i	CTORS	(NOTE: Register 13 E 1.1 12	nd Ager I. TITLE NAME	nt signature	required w	when re	einstating)		DATE	AND DIF	RECTOR	RS IN 12
12. TITLE	PSTD LEVEEN, DE	OFFICERS AND	t and tide i	CTORS	(NOTE: Register 13 E 1.1 12	nd Ager I. TITLE NAME		required w	when re	einstating)		DATE	AND DIF	RECTOR	RS IN 12
12. TITLE	PSTD LEVEEN, DE	OFFICERS AND BORAH URY ROAD T18	t and tide i	if applicable.  CTORS  DELET	(NOTE: Register 13 E 1.1 1.2 1.3 1.4	NAME	t signature	required w	when re	einstating)		DATE	AND DIF	RECTOF Triange	RS IN 12
12. TITLE NAME STREET ACORESS	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS	(NOTE: Register 13 E 1.1 12 13 14 E 21	ITITLE NAME STREET	t signature	required w	when re	einstating)		DATE	AND DIF	RECTOR	RS IN 12
12. TITLE HAME STREET ADDRESS CITY-ST-ZP	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	if applicable.  CTORS  DELET	(NOTE: Register 13 E 1.1 12 13 1.4 E 21	ITTLE NAME CITY-S TITLE NAME	T ADOREST	required w	when re	einstating)		DATE	AND DIF	RECTOF Triange	RS IN 12
12. ITILE HAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	if applicable.  CTORS  DELET	(NOTE: Register 13 E 1.1 12 1.3 1.4 E 2.1 2.2 2.3	NAME NAME STREE NAME STREE NAME	T ADORES	required w	when re	einstating)		DATE	AND DIF	RECTOF Triange	RS IN 12
12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	Tapicable CTORS DELET	(NOTE: Register 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3	ITITLE NAME STREET TITLE NAME STREET CITY-S CITY-S CITY-S	T ADORES	required w	when re	einstating)		DATE	AND DIF	RECTOF thange	RS IN 12 Addition
12. TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	if applicable.  CTORS  DELET	(NOTE: Register 13 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1	TITLE NAME CITY-S TITLE NAME STREE CITY-S TITLE TITLE TITLE TITLE	T ADORES	required w	when re	einstating)		DATE	AND DIF	RECTOF Triange	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	Tapicable CTORS DELET	(NOTE: Register 13 E 1.1 12 13 1.4 E 21 22 23 2.4 E 3.1	MAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOF thange	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	Tapicable CTORS DELET	(NOTE: Register 133 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2	TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOF thange	RS IN 12 Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	(NOTE: Register 133 E 1.1 12 13 1.4 E 21 22 23 2.4 E 3.1 32 33 34	ITITLE INAME CITY-S TITLE NAME CITY-S TITLE NAME STREE CITY-S TITLE NAME CITY-S CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOF thange thange	RS IN 12 Addition
12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	Tapicable CTORS DELET	E 31 32 33 34 E 41 41	TITLE NAME CITY-S TITLE CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME STREET CITY-S TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOF thange	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS - CITY-ST-ZIP- TITLE NAME NAME	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	E 1.1 22 23 2.4 E 3.1 3.2 2.4 E 3.1 3.2 3.3 3.4 E 4.1	TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE	T ADDRESS	required w	when re	einstating)		DATE	AND DIF	RECTOF thange thange	RS IN 12 Addition Addition
12. TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	E 1.1 22 23 2.4 E 3.1 3.2 2.4 E 3.1 3.2 3.3 3.4 E 4.1	TITLE NAME CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE NAME STREE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOF thange thange	RS IN 12 Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS - CITY-ST-ZIP- TITLE NAME STREET ADDRESS - CITY-ST-ZIP- TITLE NAME STREET ADDRESS CITY-ST-ZIP-	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	E 1.1 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 E 4.1	TITLE NAME STREE CITY-S TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOF thange thange	RS IN 12 Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	E 1.1 E 1.1 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 3.3 3.4 E 4.1	TITLE NAME CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE NAME STREE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOP thange thange	RS IN 12 Addition Addition
12.  TITLE  MAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  - TITLE  NAME  STREET ADDRESS - CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS - CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	E 1.1 E 2.1 E 2.1 E 3.1 E 3.1 E 4.1 E 4.1 E 3.1 E 4.1 E 4.1 E 4.1 E 5.1 E 5.1	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME NAME NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOP thange thange	RS IN 12 Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	E 1.1 E 1.1 1.2 1.3 1.4 E 2.1 2.2 2.3 2.4 E 3.1 3.2 4.3 4.4 E 4.1 4.2 4.3 4.4 E 5.1 5.2	TITLE NAME STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOP thange thange	RS IN 12 Addition Addition
12.  TITLE  MAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  - TITLE  NAME  STREET ADDRESS - CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS - CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	PSTD LEVEEN, DE 840 IVES DA	OFFICERS AND BORAH URY ROAD T18	t and tide i	CTORS  DELET	E 1.1 E 2.1 E 2.1 E 3.1 E 3.2 2.3 3.4 E 4.1 E 4.1 E 5.1 5.2 5.3	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME NAME NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	required w	when re	einstating)		DATE	AND DIF	RECTOP thange thange	RS IN 12 Addition Addition

6.4 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 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 of 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.

6.3 STREET ADDRESS

SIGNATURE:

FILED Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90003 034 \*\*\*150.00 08-26-1999 90009 036 \*\*\*400.00