APR-08-98 WED 01:51 PM MORGAN OLSEN & OLSEN FAX NO. 9

FILED
Jul 09 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019557

1. Corporation Name
FLORIDA RELIEF CLINIC

Principal Place of Business / Mailing Address
FLORIDA RELIEF CLINIC
4801 S. UNIVERSITY DRIVE #301W
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 2/26/97

4. FEI Number: 65-0745331 ☐ 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 or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DENNIS H. BONNEAU
14694 NW 7 Avenue
Miami, FL 33168

10. Name and Address of New Registered Agent

81 Name: Todd E. Watson
82 Street Address (P.O. Box Number is Not Acceptable): 4801 S. University Drive #301W
83
84 City: Davie FL 85 Zip Code: 33328

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] [signature]
(Signature, typed or printed name of officer if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TODD WATSON 4801 S. UNIVERSITY DR #301W DAVIE, FL 33328	☐ DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TODD WATSON 4801 S. University Dr. #301W DAVIE, FL 33328	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BONNEAU, DENNIS 14694 NW 7 AVENUE MIAMI, FL 33168	☒ DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGISTERED AGENT SHOULD BE: TODD WATSON ABOVE ADDRESS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500002586855 -07/13/98--01074--039 ***158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: [signature]