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PROFIT ... CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000019557

DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-11-1999 90024 026 ***158.75

Principal Place of Business Mailing Address	FLORIDA	RELIEF CLINIC, INC.									
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WATSON, TODD 4801 S. UNIVERSITY DRIVE #301 W. DAVIE FL 33328 44 City FL 85 Zip Code 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 agent, or both, in the State of Florida, Such change was subhorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PWATSON, TODD E 12. TITLE WATSON, TODD E 12. YAWAE WATSON, TODD E 12. YAWAE 4801 S. UNIVERSITY DR., #301 W. 13. STREET ADDRESS OTY-51.2P UNIVERSITY OR., #301 W. 13. STREET ADDRESS OTY-51.2P UNIVERSITY OR., #301 W. 13. STREET ADDRESS OTY-51.2P 14. CITY-51.2P UNIVERSITY OR., #301 W. 13. STREET ADDRESS OTY-51.2P 14. CITY-51.2P OAVIE FL 33328 OR STREET ADDRESS OTY-51.2P OBLETE 13. ITILE OCHange Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OTY-51.2P OAVIE FL 33328 OTY-51.2P OELETE 13. ITILE OCHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS		9. Name and Address of Curre	nt Regis	stered Agent		т.		10. Name and Address of New Register	ed Age	nt	
#801 S. UNIVERSITY DRIVE #301 W. DAVIE FL 33328 #84 City FL 33328 #85 Zip Code 11. Pursuant the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ### City FL 20	NA/AT	CON TODO			8	1	Name				,
#301 W. DAVIE FL 33328 B4 City FL 85 Zip Code						2	Street Addr	ess (P.O. Box Number is Not Acceptable)			
DAVIE FL 33328 11. Pursuant to the provisions of Sections 697.0502 and 697.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or both, in the State of Florida. Statutes and the first agent. I am familiar with, and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. THE					L	_					
11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, 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, 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, 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, or appoint agent age						3					
11. Pursuant to the provisions of Sections 607 (502 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, in both, and accept the obligations of, Section 607 (0505, Florida Statutes). SIGNATURE Topic	DAVIE PL 33320					4	City		8	5 Zip C	Code
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's brain or direction's. Thereby accepts or appointment as registered agent and married or longitudes of Special Science 907-9656, Piorida Statutes. 12						_				nging its	sociatored
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CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 a mual 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 recovery of 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 attagrimment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #