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

FILED
98 AUG 25 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045569 (5)

1. Corporation Name
Mobile Chiropractic Services, Inc.

Principal Place of Business	Mailing Address
P.O. Box 3661 Hallandale, Fl. 33008-3661	P.O. Box 3661 Hallandale, Fl. 33008-3661

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05-21-97

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65 057696S ~~DAE~~ ☐ 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 (NA)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jay M. Liebman 3732 NE 167 St. No. Mia. Beach, Fl. 33160	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 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 _____ (NOTE: Registered Agent 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	Director Jay M. Liebman 3732 NE 167 St. No. Mia. Beach, Fl. 33160	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 100002625981 1 -08/26/98--01096--005 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Andrea Rosen Liebman 3732 NE 167 St. No. Mia. Beach, Fl. 33160	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 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 added on an attachment with an asterisk.

SIGNATURE: _____ 8/13/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

MOBILE CHIROPRACTIC SERVICES, INC.

P.O. BOX 3661 ~ HALLANDALE, FL. 33008 ~ U.S.A.
Phone 1-800-207-7246

To: Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Filing Fee for 1998 **July 14, 1998**

To Whom It May Concern,

It has just recently come to our attention that you did not receive our filiing fee of $150.00 which was mailed April 27, 1998. We recently received a second notice from you and this notice brought it to our attention. We never got back the original mailing. We also checked our bank to see if it was deposited, it was not.

We are sending you a copy of the original paperwork with another check for $150. We appreciate your cooperation in filing our annual report.

Yours in Health,

Jay Liebman Secretary/Director