

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

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra R. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # P97000045569 (5)
1. Corporation Name
mobile chiropractic Services, Inc.

Principal Place of Business P.O. Box 3661 HALLANDALE, FL. 33008-3661	Mailing Address P.O. Box 3661 HALLANDALE, FL. 33008-3661
--	--

FILED

98 AUG 25 PM 12:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 05-21-97	4. FEI Number 65 0576965 ARE	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 (WA)		

9. Name and Address of Current Registered Agent Jay M. Liebman 3732 NE 167 St. No. Mia. Beach, FL 33160		10. Name and Address of New Registered Agent 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 607.1308, 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 type as printed on a notary's seal and then applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE Director Jay M. Liebman 3732 NE 167 St. No. Mia. Beach, FL 33160	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition 100002625981 -08/26/98-01096-005 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ DELETE Director Andrea Rosen Liebman 3732 NE 167 St. No. Mia. Beach, FL 33160	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

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 included 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/98

DATE

AD

CR2E034 (10/97)

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

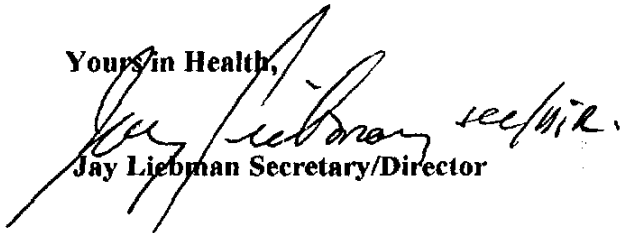
July 14, 1998

To Whom It May Concern,

It has just recently come to our attention that you did not receive our filing 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