

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 031 ***150.00

DOCUMENT # P97000095736

SYNERGY CENTER OF BREVARD, INC.

Principal Place of Business
LUCAS ROAD
MERRITT ISLAND FL 32953

Mailing Address
215 LUCAS ROAD
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 10/01/1997 | |
| 4. FEI Number 59-3493964 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent DONAT, KATHRYN S 2360 JASON STREET MERRITT ISLAND FL 32953 | |
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |

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] (NOTE: Registered Agent signature required when reinstating) DATE: [Signature]

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| 1. NAME DONAT, KATHRYN S 2360 JASON STREET MERRITT ISLAND FL 32953 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME DONAT, SCOTT G 2360 JASON STREET MERRITT ISLAND FL 32953 | <input type="checkbox"/> DELETE | 1.2 NAME | |
| 3. NAME | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| 4. NAME | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| 5. NAME | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | <input type="checkbox"/> DELETE | 2.2 NAME | |
| 7. NAME | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | |
| 8. NAME | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| 9. NAME | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | <input type="checkbox"/> DELETE | 3.2 NAME | |
| 11. NAME | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | |
| 12. NAME | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| 13. NAME | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | <input type="checkbox"/> DELETE | 4.2 NAME | |
| 15. NAME | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | |
| 16. NAME | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| 17. NAME | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | <input type="checkbox"/> DELETE | 5.2 NAME | |
| 19. NAME | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | |
| 20. NAME | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| 21. NAME | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | <input type="checkbox"/> DELETE | 6.2 NAME | |
| 23. NAME | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | |
| 24. NAME | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | |

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]

9/2/99

407-453-5466

CR2E034 (5/99)

P9700095736
613843-90603

SYNERGY CENTER OF BREVARD, INC.

215 Lucas Road
Merritt Island, Florida 32953
(407) 453-5466

Kathryn S. Donat
Acupuncture Physician

September 2, 1999

Annual Reports Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Division of Corporations:

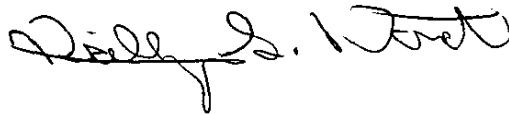
Enclosed is our 1999 Profit Corporation Annual Report and a check in the amount of \$150.00.

I recently discovered this form on my secretary/bookkeeper's desk and after questioning her have found out that she neglected to process and mail this form to you by 5/1/99 as she had been instructed to do.

I was told that I could submit a letter explaining why the report is late and that you would perhaps forgive the late filing fee. I hope that you can understand my dilemma as I am a very small business and unable to afford to pay this late fee. This is only my second year in business and I am still experiencing confusion with business matters and thought that I had hired someone competent to handle them and am now finding out things have not been taken care of.

Again, I ask that you please have mercy and forgive the late fee. I will not let this happen again!

Sincerely,



Kathryn S. Donat
President

Encl.