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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90078 005 \*\*\*150.00

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DOC	UMENT	#	P9800005959
4 Camar	ation Name		1 00000000000

BERNARD STERN, D.C. P.A.

Principal Place of Business
1541 PROSREPITY FARMS ROAD

Mailing Address

1541 PROSPERITY FARMS ROAD

AKE PARK DL 33403 LAKE PARKYEL 33403					DO NOT WRITE IN THIS SPACE					
/				3. Date incorporated or Qualifed						
•			01/20/1998							
2. Princol Pace Bain 18 A 2 1 S' 12 i Alin Address										
2. Princo Rece Brinks NARD STA Riin Address						4. FEI Number 65-080-5885 Appl				
Suite, Apt.	# Chiropractic Physic	Suite, Apt. #, etc.			1			\$8.75	Additional	
784 U.S. Highway 1, Suite 6						5. Certificate of Status Desired Fee Required				
City & S	orth Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees								
Žip	Country	Zip	Country		8. This corpo	ration owes the o	urrent year Int	angible		
4	25 (Palm 1500C	L		Personal Property Tax. Yes No						
	9. Name and Address of Current	Registered Agent			10. Name and	Address of Ne	w Registered	Agent		
		والمجهر المواجر	81	Name 1	Bernard	STern	Q.C.			
STERN, BERNARD P.A.				82 Street Address (P.O. Box Number is Not Acceptable)						
1541 PROSPERITY FARMS ROAD				784	U.S. Hw.	y 1. Sente	_6		With 1 1 10	
LAKE	E PARK FL 33403	83			RODELIA		B. B. Barre			
	<i>'</i> .		84	City	<u>v 0 () 0</u>	0		85 Zip	Code	
aranaZi	* * <u> </u>			City Non	in bound "	seur!		<u> </u>	408	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autho	onzea ov	e-named corporation	oranoo suomiis ir	nis statement for t ctors. I hereby ac	the purpose of scept the appoi	changing its ntment as re	registered gistered	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·					DATE			
<del></del>	Signature, typed or printed name of registered agent		istered Ager	nt signature required		CHANGES TO		ID DIRECTO	DS IN 12	
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.	TD				Change	Addition	
TITLE	OTEDM REDMARD D.C	pa beech	1.2 NAME	CT	ern Berna	rd O.C.	,		_	
NAME	STERN, BERNARD D.C. 1541 PROSPERITY FARMS ROA	AD 1		TADDRESS 7	દ્ર મેં' પડ 146	ry 1, cute	6			
STREET ADDRESS		<b>*</b>	1.4 CITY-S	T TIO A	8.6 FI 3	3408				
CITY-ST-ZIP	LAKE PARK FL 33403	□ DELETE	2.1 TITLE	1-ZIP 10.				☐ Change	Addition	
TITLE			2.2 NAME	,			•	_ ,	_	
NAME	المناه والمستواط والمناسب المناه	- 100 march 1900	2.3 STREET	TADDRESS .	· *	_ ~	,		7	
STREET ADDRESS		•	2.4 CITY-8	<b>!</b>						
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	51-ZIP	<del>_</del> _	<del></del>		[] Change	☐ Addition	
TITLE	,	☐ 0err.r	U, I IIILE	1					_	

3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 op an attachment with an afformation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii), Flori

SIGNATURE:

-CR2E034 (11/98)