

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
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90004 047 ***150.00

DOCUMENT # **P98000008327**

1. Corporation Name

WALLEN CHIROPRACTIC INC.

Principal Place of Business

**7475 DANBURY WAY
CLEARWATER FL 33764**

Mailing Address

**7475 DANBURY WAY
CLEARWATER FL 33764**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

59-3488534

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

**WALLEN, IDA
7475 DANBURY WAY
CLEARWATER FL 33764**

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WALLEN, IDA**
STREET ADDRESS **7475 DANBURY WAY**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address.

SIGNATURE:

Katherine Harris, President, Ida S.

7.19.99

727.393.8929

CR2E034 (5/99)

594591-90004-47



WALLEN CHIROPRACTIC

Professional Care By Caring Professionals®

Ida S. Wallen, D.C.

Diplomate of the Chiropractic Rehabilitation Certification Board

July 19, 1999

Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

RE: Document # P98000008327
Wallen Chiropractic, Inc.
Request for Late Fee to be Waived

To Whom It May Concern:

Please be advised that the enclosed 1999 Profit Corporation Annual Report form was mailed to the incorrect address, which is my residence, and was only received last week, the week beginning July 12, 1999.

On Friday, July 16, 1999, I spoke with Kathy Hyman, explaining the situation, and she advised me to reply accordingly.

I have "tickled" our office file for the year of 2000, and if for any reason we have not received this form, then your office will be notified.

Thank you for your consideration.

Sincerely,

WALLEN CHIROPRACTIC, INC.



Ida S. Wallen, D.C.
President

ISW/lbs
CorpAnnRept.

(813) 393-8929 Fax (813) 393-0585
10592 Seminole Boulevard • Seminole, Florida 33778

CHIROPRACTIC • MASSAGE THERAPY • PHYSICAL THERAPY • EXERCISE REHABILITATION