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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000013724**1. Corporation Name

Principal Place of Business

HEALTH PLUS CHIROPRACTIC AND REHABILITATION SERV ICES, INC.

	E 3RD AVENUE LAUDERDALE FL 33304	746 NE 3RD AVENUE FORT LAUDERDALE FL 3	3304			DO NOT WRI	TE IN THIS	SPACE	
ĺ	-				ļ	3. Date Incorporated or Qualifed	, <u> </u>		
						02/11/1998		:	
2. Pi	rincipal Place of Business	2a. Mailing Address				4. FEI Number		1 /	Applied For
21		26						(7. Sec.	lot Applicable
	uite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22	•	27				5. Certifcate of Status Desired		Fee F	Required
	ity & State	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zi	p Country	Zip	Cou	untry		This corporation owes the curr	rent vear Inta	angible	
24	25	29	30	_		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current		1001	T		10. Name and Address of New I	Registered A	Agent	
				81	Name	in a drive reality of			
4.5	ANGELO, JOHN			82	Stroot Address	s (P.O. Box Number is Not Accept	abla)		
1 1	746 NE 3RD AVENUE			62	Street Address	is (F.O. DOX Nulliber is Not Accept			
25.	FORT LAUDERDALE FL 33304			83					7 (81.4)
ļ					0.1		 	1001 70	0-1-91
				84	City		FL	85 Zip	Code
11.	Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	above	-named corpora	ation submits this statement for the	purpose of	changing it	ts registered
							سنحصحم مطة فم		
	office or registered agent, or both, in the State of	or Florida, Such change was ions of Section 607 0505. Fl	autnorize orida Stat	a ov t	he corporation'	s board of directors. I nereby acce	pt the appoir	ntment as r	egisterea
	agent. I am familiar with, and accept the obligati	or Florida. Such change was ions of, Section 607.0505, Fl	autnorize orida Stat	a ov t	he corporation'	s board of directors. I nereby accer	pr me appoir	itment as i	egistered
	office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligation in the state of agent. I am familiar with, and accept the obligation in the state of agent in	ions of, Section 607.0505, FI	orida Stat	a by t tutes.	he corporation'		DATE	iment as r	egistered
	agent. I am familiar with, and accept the obligati IATURE	ions of, Section 607.0505, FI and title if applicable. (NOT	orida Stat	d by to tutes.	ne corporation		DATE		egistered
SIGN	agent. I am familiar with, and accept the obligation IATURE Signature, typed or printed name of registered agent	ions of, Section 607.0505, FI and title if applicable. (NOT	orida Stat	d by to	ne corporation	hen reinstating)	DATE		ORS IN 12
SIGN	agent. I am familiar with, and accept the obligation in the state of registered agent of printed name of registered agent of D	and title if applicable. OD DIRECTORS	E: Registered 13.	d by to	ne corporation	hen reinstating)	DATE	D DIRECT	ORS IN 12
SIGN 12. TITLE NAME	agent. I am familiar with, and accept the obligation in the state of registered agent of the state of the sta	and title if applicable. OD DIRECTORS	E: Registered 13. 1.1 Ti 1.2 N	d Agent	ne corporation	hen reinstating)	DATE	D DIRECT	ORS IN 12
SIGN 12. TITLE NAME STREE	agent. I am familiar with, and accept the obligation in the property of the policy of	and title if applicable. OD DIRECTORS	E: Registered 13. 1.1 TI 1.2 N 1.3 S	d Agent ITLE	signature required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
SIGN 12. TITLE NAME	ANGELO, JOHN TADDRESS 3602 NW 23 COURT	and title if applicable. OD DIRECTORS	E: Registered 13. 1.1 TI 1.2 N 1.3 S	d Agent d Agent ITLE IAME	signature required w	hen reinstating)	DATE	D DIRECT	ORS IN 12
SIGN 12. TITLE NAME STREE* CITY-S	agent. I am familiar with, and accept the obligation in the property of the policy of	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C	d Agent ITLE IAME ITREET ITLE ITLE	signature required w	hen reinstating)	DATE	D DIRECT ☐ Change	ORS IN 12
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME	agent. I am familiar with, and accept the obligation in the property of the policy of	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE	E: Registered 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	d Agent ITLE IAME ITREET ITLE ITLE ITLE IAME	signature required w	hen reinstating)	DATE	D DIRECT ☐ Change	ORS IN 12
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE	Agent. I am familiar with, and accept the obligation in the property of printed name of registered agent of the property of th	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE	E: Registerec 13. 1.171 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S	d Agent ITLE IAME ITREET ITLE ITLE ITLE IAME	signature required w ADDRESS ADDRESS	hen reinstating)	DATE	D DIRECT ☐ Change	ORS IN 12
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME	Agent. I am familiar with, and accept the obligation in the property of printed name of registered agent of the property of th	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE	E: Registerec 13. 1.171 1.2 N 1.3 S 1.4 C 2.1 T1 2.2 N 2.3 S	d Agent d Agent ITLE IAME ITREET / ITLE IAME ITREET / ITLE IAME ITREET / ITREET /	signature required w ADDRESS ADDRESS	hen reinstating)	DATE	D DIRECT ☐ Change	ORS IN 12 Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S	Agent. I am familiar with, and accept the obligation in the property of printed name of registered agent of the property of th	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE	E: Registeres 13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	d Agent tutes. ITLE IAME ITREET / ITLE IAME ITREET / ITLE ITREET / ITLE ITTLE ITTLE	signature required w ADDRESS ADDRESS	hen reinstating)	DATE	D DIRECT ☐ Change ☐ Change	ORS IN 12 Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME	agent. I am familiar with, and accept the obligation in the image of t	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE	E: Registerec 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N	d Agent ITLE IAME ITREET / ITLE IAME ITREET / ITLE IAME ITREET / ITLE IAME ITREET /	signature required w ADDRESS -ZIP ADDRESS	hen reinstating)	DATE	D DIRECT ☐ Change ☐ Change	ORS IN 12 Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE	agent. I am familiar with, and accept the obligation in the image of t	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE	E: Registerece 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	d by to total and a special an	address Address Address Address Address	hen reinstating)	DATE	D DIRECT ☐ Change ☐ Change	ORS IN 12 Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREE	agent. I am familiar with, and accept the obligation in the image of t	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE	E: Registerece 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	d by to total and agent total ame it total ame it total ame it to a total ame it to	address Address Address Address Address	hen reinstating)	DATE	D DIRECT ☐ Change ☐ Change	ORS IN 12 Addition Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE STREE CITY-S TITLE NAME STREE CITY-S TITLE TITLE STREET CITY-S TITLE	agent. I am familiar with, and accept the obligation in the image of t	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE DELETE	E: Registerece 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C	d by to totales. ITLE JAME	address Address Address Address Address	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE DELETE	E: Registerece 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N	d by titules. ITLE ITL	address ADDRESS ADDRESS -ZIP ADDRESS -ZIP	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGN 12. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	ADDRESS TADDRESS	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE DELETE	E: Registerec 13. 1.17i 12.N 1.3 S 1.4 C 2.17i 22.N 2.3 S 2.4 C 3.17i 3.2 N 3.3 S 3.4 C 4.17i 4.2 N	d by titules. d Agent ITLE HAME ITTLE HAME ITTLE HAME ITTLE ITT	address ADDRESS ZIP ADDRESS -ZIP ADDRESS ADDRESS	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS TADDRESS	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE DELETE	E: Registerec 13. 1.17i 12.N 1.3 S 1.4 C 2.17i 22.N 2.3 S 2.4 C 3.17i 3.2 N 3.3 S 3.4 C 4.17i 4.2 N	d by titules. d Agent ittles. ITTLE ITTLE IAME ITTLE ITTLE	address ADDRESS ZIP ADDRESS -ZIP ADDRESS ADDRESS	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition
SIGN 12. TITLE NAME STREE CITY-S TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME STREET CITY-S	ADDRESS TADDRESS	ions of, Section 607.0505, FI and title if applicable. (NOT D DIRECTORS DELETE DELETE DELETE	E: Registerec 13. 1.17i 12.N 1.3 S 1.4 C 2.17i 22.N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S 4.4 C	d by tutes. ITLE ITLE IAME ITTLE ITT	address ADDRESS ZIP ADDRESS -ZIP ADDRESS ADDRESS	hen reinstating)	DATE	D DIRECT Change	ORS IN 12 Addition Addition

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 og an attachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90031 005 ***150.00

Addition

☐ Change