

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

DOCUMENT # P98000062131

1. Corporation Name

ACUPUNCTURE-HEALTH-HEALING CENTER (A TOP DOG COR
PORATION)

Principal Place of Business

SIMM GOTTESMAN, C.A.
8904-F SW 22 STREET
BOCA RATON FL 33433

Mailing Address

SIMM GOTTESMAN, C.A.
8904-F SW 22 STREET
BOCA RATON FL 33433

99 JUL 29 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1998

4. FEI Number

65-0881222

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☒ No

9. Name and Address of Current Registered Agent

GOTTESMAN, SIMM
8904-F SW 22 STREET
BOCA RATON FL 33433

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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(2)

To whom it may concern,

I have tried to contact the office to speak to someone directly. Unfortunately, I was only able to reach recordings and left a message. Please understand that I was in a very traumatic car accident in April and I have been unable to take care of my financial affairs and responsibilities. I have been in the hospital, for surgery & recovery time has been long. I have been counseled to request an Abatement of the late fee due to this reasonable cause.

I am enclosing a copy of my ambulance bill & my hospital bill as proof of my claim— Enclosed is a check for \$150.00 I am recovering at my parents and can be reached at (561) 746-5272.

Sincerely,
Simm Fortesman