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 Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90018 009 ***150.00

DOCUMENT # P98000062953

1. Corporation Name

KOREAN ACUPUNCTURE CLINIC, P.A.

					_				
Principal Place of Business Mailing Address				-				***************************************	
SPRING HILL DRIVE SPRING HILL FL 34606		5310 Spring Hill Drive Spring Hill FL 34606			DO NOT WRITE	E IN THIS S	PACE		
						3. Date Incorporated or Qualifed 07/15/1998			
2. Principal F	Place of Business	<u> </u>	2a. Mailing Address			4. FEI Number 59 - 35221 3	33	_ 	plied For Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					\$8.75 A Fee Rec	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 (Added to	•
Zip . 1	Country 25	Zip	30	untry		This corporation owes the currer Personal Property Tax.			⊊ No
	9. Name and Address of Currer			Т		10. Name and Address of New Re	gistered A	gent	
KIM, ANDREW H 5310 SPRING HILL DRIVE SPRING HILL FL 34606				82 83					
				84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip C	ode
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such chang	ie was authorize	d bv	the corporation	poration submits this statement for the properties of directors. I hereby accept	urpose of c the appoin	hanging its ment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	and title if an Could	(MATE: Basetorn	d Agor	ot riangturo cognire	id when reinstating)	DATE		
i2.		ID DIRECTORS	13.	u Agei	it agriature require	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
. =.	D	DE		m.e				☐ Change	☐ Addition
	KIM, ANDREW H		1.2 N	IAME					
1 ADDRI SE	FOAC ODOMIO LINE DONE		1.3 \$	TREET	TADDRESS				
ST ZIP	SPRING HILL FL 34606		1.4 0	ITY-S	T-ZIP				
		□ DE	LETE 2.1 T	me				☐ Change	Addition
			2.2 N	IAME	}				
···· (АЗВЯВ (2)	2.3		TREET	TADDRESS					
···- \$T-ZIP			2.44	2.4 CITY-ST-ZIP			•		
		□ DE	LETE 3.1 T	ITLE				Change	☐ Addition
			3.2 M	IAME					
· · · 1 AUDSE 533			3.3 S	TREET	T ADDRESS				
CT 7ID			34 (-iTV. S	T. 71D				

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, with all other like empowered.

4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5,4 CITY-ST-ZIP

- LADERIC ST-ZIP

··· I ADDRESS

__LADDALSS

ST-ZIP

SIGNING OFFICER OR DIRECTOR

☐ OELETE

DELETE

☐ DELETE

(352) 688

☐ Change

Change

☐ Addition

Addition

Addition