


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90026 003 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000069192</b>		
<b>1. Corporation Name</b> <b>SOLAR CENTER FOR HEALING ARTS, INC.</b>		



<b>Principal Place of Business</b> <b>10300 SUNSET DR., SUITE 135</b> <b>MIAMI FL 33173</b>	<b>Mailing Address</b> <b>10300 SUNSET DR., SUITE 135</b> <b>MIAMI FL 33173</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>08/07/1998</b>	<b>4. FEI Number</b> <b>65-0877183</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required.</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>9. Name and Address of Current Registered Agent</b> <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>MICHAEL E. HENDRICKSON</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>9117 S.W. 87 AVENUE</b> <b>83</b> <b>84 City</b> <b>MIAMI</b> <b>FL</b> <b>85 Zip Code</b> <b>33176</b>	
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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 Michael E. Hendrickson DATE 3/14/99  
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>D</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>HENDRICKSON, MICHAEL E</b> <b>STREET ADDRESS</b> <b>9117 SW 87TH AVE.</b> <b>CITY-ST-ZIP</b> <b>MIAMI FL 33176</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, with all other like empowered.

SIGNATURE: Michael E. Hendrickson DATE 3/14/99 DAYTIME PHONE # 305-598-0558  
 (NOTE: Signature and typed or printed name of signing officer or director required)

CR2E034 (1/1/98)