

FILED
May 09, 2000 8:00 am
Secretary of State

DOCUMENT # P99000088986

NATURAL HEALTH CARE CLINIC, INC.

Principal Place of Business	Mailing Address
2170 WEST 60TH ST #16207 MIAMI FL 33016	2170 WEST 60TH ST #16207 HIALEAH FL 33016-2643

2. Principal Place of Business 2713 N. Andrews Avenue. Suite, Apt. #, etc. #7		3. Mailing Address 2713 N. Andrews Ave. Suite, Apt. #, etc. #7	
City & State Wilton Manors. / Florida		City & State Wilton Manors. / Florida	
Zip FL 33311	Country	Zip FL 33311	Country



4. FEI Number 650953815	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, MICHAEL H ESQ. 9244 N.W. 49TH PLACE SUNRISE FL 33351	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

<p>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RHODEN, PETER J 2170 WEST 60TH ST HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALUS, EDDY 2170 WEST 60TH ST HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] #1201M. (PSS) 4/25/2000 (954) 568-5252

CR2E034 (9/99)