

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S21217** (2)

1. Corporation Name  
**BRUCE J. KELSON, D.C., P.A.**



Principal Place of Business: **9485 SUNSET DRIVE SUITE A-140 MIAMI FL 33173**  
Mailing Address: **9485 SUNSET DRIVE SUITE A-140 MIAMI FL 33173**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date incorporated or Quiaired: **12/27/1990**  
3a. Date of Last Report: **02/07/1995**  
4. FEI Number: **65-0232805**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**KELSON, BRUCE J.  
9485 SUNSET DRIVE, SUITE A-140  
MIAMI FL 33186**

10. Name and Address of New Registered Agent  
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1806, 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 further willing to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11	PD KELSON, BRUCE J. 9485 SUNSET DR.#A140 MIAMI FL	<input type="checkbox"/> DELETE
12	ST KELSON, BRUCE J. 9485 SUNSET DR.#A140 MIAMI FL	<input type="checkbox"/> DELETE
13	V KELSON, BRUCE J. 9485 SUNSET DRIVE, #A140 MIAMI FL	<input type="checkbox"/> DELETE
14		<input type="checkbox"/> DELETE
15		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	NAME	
17	STREET ADDRESS	
18	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME	
21	STREET ADDRESS	
22	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	NAME	
25	STREET ADDRESS	
26	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	NAME	
29	STREET ADDRESS	
30	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 attached card with an address.

SIGNATURE: *Bruce J. Kelson, D.C.P.A.* 1-29-96 305-271-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CRE034 (12/95)