

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/27/1990	3a. Date of Last Report 02/02/1996
4. FEI Number 65-0232805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
Kelson, Bruce J.

82 Street Address (P.O. Box Number is Not Acceptable)
1091 Deerwood Lane

83

84 City
Weston FL 85 Zip Code
33326

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 Bruce J. Kelson 2090 DATE 7-14-97

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELSON, BRUCE J.	
STREET ADDRESS	9485 SUNSET DR.#A140	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KELSON, BRUCE J.	
STREET ADDRESS	9485 SUNSET DR.#A140	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELSON, BRUCE J.	
STREET ADDRESS	9485 SUNSET DRIVE, #A140	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002243226--8
1.3 STREET ADDRESS	-07/21/97--01123--011
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

(Handwritten signature)

14. I do 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.

CR2E034 (4/97)

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BRUCE J. KELSON, D.C., P.A.
MANIPULATION, PHYSICAL MEDICINE AND REHABILITATION
DIPLOMATE AMERICAN ACADEMY OF PAIN MANAGEMENT

SUNSET SQUARE OFFICE PARK
9485 S.W. 72ND STREET, SUITE A-140
MIAMI, FLORIDA 33173

TELEPHONE
(305) 271-1600
(305) 274-3442

July 14, 1997

Lee Yaborough
Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Yaborough:

Pursuant to our telephone conversation enclosed is check # 5327 for the amount of \$165.00.
Please be advised we did not receive an initial notice.

Thank you very much for taking care of the mentioned above.

Very Truly Yours,

Bruce J. Kelson D.C., P.A.
Bruce J. Kelson D.C., P.A.