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.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # CO101

FILED 97 JUL 15 AM 10: 59

	n Name J. KELS	" 32121 On, d.C., p.A.	•	(2)		SECRÉTARY TALLAMASSE	OF STATE E, Florida 	
Principal Plac	o of Busines	S	Mai	lling Address				
9485 SUNSET DRIVE SUITE A-140 MIAMI FL 33173		SU	9485 SUNSET DRIVE Suite A:140 Miami Fl 33173		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qua	alified 3s. Date of Last Repo	ort
						12/27/1990	02/02/1996	
2. Principal F	Place of Busin	noss	+ −-•	Mailing Address		4. FET Number	Applie	
21 Suite, Apt.	# ele		26	Suite, Apt. #, etc.		65-0232805	···	pplicable
22	w, 010.		27	outo, Apr. #1 616:		Certificate of Status Desir	red \$8.75 Add Fee Requi	-
City & Stat	lo			City & State		6. Election Campaign Finan		
23			28			Trust Fund Contribution	Added to F	
Zip		Country		Zip	Country	8. This corporation owes or	has paid the current year Intang	ible
24		25	29		30	Personal Property Tax du		lo
		and Address of Curr	ent Registe	ered Agent		10. Name and Address of N	lew Registered Agent	
	LSON, BRU				81 Name	SON, Bruc	۸. م	
		DRIVE, SUITE A-14	10		82 Street Add	dress (P.O. Box Number is Not Ac	ceptable)	
MIA	AMI FL 3311	36 _'			83 100	11 Deerwou	19 TINE	
					84 City_	.	FL 85 Zip Coo	le _
11. Pursuant	to the provis	ions of Sections 607.0	502 and 60	7 1508. Florida Šta	atules, the above named co	progration submits this statement for		326
11. Pursuant office or a	to the provis	ions of Sections 607.0	502 and 60 ale of Florida	7.1508, Florida Sta a. Such change w	atules, the above-named co as authorized by the corpor	propartion submits this statement for alion's board of directors. I hereby		gistered istered
agent. I a	to the provis registered ac am familiar wi	ions of Sections 607.09 pent, or both, in the Sta th, and accept the obl	502 and 60 ale of Florida ligations of,	Section 607.0505,	atules, the above named co as authorized by the corpor, Florida Statutes.	rporation submits this statement for alion's board of directors. I hereby		3 46 egistered istered
11. Pursuant office or a agent. La SIGNATURE	am familiar wi سده که	ions of Sections 607.0 ent, or both, in the Sta th, and accept the obl	ligations of,	Section 607.0505,	atules, the above-named co as authorized by the corpor- Florida Statutes.			3 46 egistered iistered
agent. I a SIGNATURE 12.	am familiar wi	ith, and accept the obl	ligations of, agoit and title if	Section 607.0505, applicable (I	, Florida Statutes.	quired when reinstating)		
agent. La SIGNATURE 12. TITLE	Signature, typed	th, and accept the oblinering of registered a OFFICERS A	ligations of, agoit and title if	Section 607.0505,	, Florida Statutes. NOTE Begissered Apont signature req	quired when reinstating) ADDITIONS/CHANGES TO	or the purpose of changing its reverse accept the appointment as reg	N 12
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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 Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.



BRUCE J. KELSON, D.C., P.A.

MANIPULATION, PHYBICAL MEDICINE AND REHABILITATION
DIPLOMATE AMERICAN ACADEMY OF PAIN MANAGEMENT

SUNSET SQUARE DFFIDE PARK 9485 S.W. 72ND STREET, BUITE A 14D 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. Yabourough:

Pursuant to our telephone conversation enclosed is check # 5327 for the amout 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.