

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90010 014 \*\*\*150.00

DOCUMENT # S21217

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1990

4. FEI Number

65-0232805

Applied For

Not Applicable

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 9485 Sunset Drive

Suite, Apt. #, etc.

22 Ste A-140

City & State

23 Miami FL

Zip

24 33173

Country

25 USA

2a. Mailing Address

26 9485 Sunset Drive

Suite, Apt. #, etc.

27 Ste A-140

City & State

28 Miami FL

Zip

29 33173

Country

30 USA

9. Name and Address of Current Registered Agent

KELSON, BRUCE J.  
1091 DEERWOOD LANE  
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 D.C., P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KELSON, BRUCE J.  
STREET ADDRESS 9485 SUNSET DR.#A140  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE ST  
NAME KELSON, BRUCE J.  
STREET ADDRESS 9485 SUNSET DR.#A140  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE V  
NAME KELSON, BRUCE J.  
STREET ADDRESS 9485 SUNSET DRIVE, #A140  
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

305-271-1600

Daytime Phone #

0248810

CR2E034 (11/98)