

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

0015398

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S24368**

1. Corporation Name  
**PHYSICIANS ACU-CARE, INC.**

Principal Place of Business  
**350 ELDRIDGE AVENUE**  
**SUITE 5**  
**ORANGE PARK FL 32073**

Mailing Address  
**350 ELDRIDGE AVENUE**  
**SUITE 5**  
**ORANGE PARK FL 32073**

FILED

99 JUN 24 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/10/1991**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>59-3045206</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHIN, ROBERT**  
**350 ELDRIDGE AVENUE**  
**SUITE 5**  
**ORANGE PARK FL 32073**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHIN, ROBERT</b> <b>369 OLD FIELD DR</b> <b>ORANGE PARK FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800002921588--8</b> <b>-07/01/99--01100--022</b> <b>***150.00</b> <b>***150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SP</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/99 (904) 269-3069  
Date Daytime Phone

CR2E034 (11/98)

**LEACH-OWEN ACCOUNTING & TAX SERVICES, INC.**

1665 KINGSLEY AVENUE, SUITE 104  
ORANGE PARK, FLORIDA 32073  
TELEPHONE (904) 269-1233

**Marcus D. Leach**  
**K. Diantha Owen**

Enrolled to practice  
before the Internal  
Revenue Service

June 21, 1999

Division of Corporation  
Annual Report Filing  
P O Box 1500  
Tallahassee, FL 32302-1500

Enclosed is a check for \$150.00 for the annual fee. Request the late filing penalty be abated.

As in the past upon the receipt of the annual report, Robert Chin, the principal officer of Physicians Acu-Care, Inc., gave the report to his accountant. In the prior years, the accountant would instruct him on how to handle the report.

For the current year, the situation changed, In April or May the accountant became ill. In a short time, she moved out of the local area and took all the accounting records, including the annual report, with her.

In late May, all the 1999 financial information was returned to the client with a note attached that she was unable to do the work because of ill health. As a result of this, not only is the corporate annual report is being filing late, all first quarter reports are also being file late.

In summary, it is requested that the enclosed check be accept as full payment, and that the late filing penalty be abated.

Sincerely,

  
Marcus D. Leach