

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **S36512 (9)**  
1. Corporation Name  
**HEALTH & BEAUTY ACUPUNCTURE CLINIC INC.**

Principal Place of Business  
**11811 AVE OF THE PGA, BLDG 6-2E  
PALM BEACH GARDENS FL 33418  
US**

Mailing Address  
**11811 AVE OF THE PGA, BLDG 6-2E  
PALM BEACH GARDENS FL 33418  
US**

**FILED**  
**Jul 13 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/04/1991**

4. FEI Number

**65-0245090**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**AUGER, NICOLE**

**710 NE 7TH ST**

**APT 404**

**BOYNTON BCH FL 33435**

**11811 AVE OF PGA**

**BLDG 6-2E**

**PALM BEACH GARDENS**

**FL 33418**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **AUGER, NICOLE**

STREET ADDRESS **710 NE 7TH ST**

CITY-ST-ZIP **APT 404 BOYNTON BCH FL 33435**

TITLE ☐ DELETE

NAME **11811 AVE OF PGA**

STREET ADDRESS **BLDG 6-2E**

CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

**800002587868**

**-07/14/98--01027--023**

**\*\*\*150.00**

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.

SIGNATURE

CR2E034 (5/98)

2

## P. B. Medical Associates

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2601 N. FLAGLER DRIVE, SUITE 304  
WEST PALM BEACH, FL 33407  
(407) 832-2803

07/06/98

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314-6327

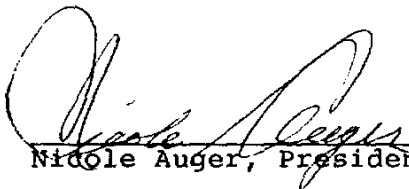
TO WHOM IT MAY CONCERN:

Please find enclosed my cheque for \$150.00 for my filing fee for 1998.

I am sorry about the delay, we moved the corporation at the end of last year and I never received the first notice.

Thank you for your cooperation in this matter.

Yours Truly

  
\_\_\_\_\_  
Nicole Auger, President