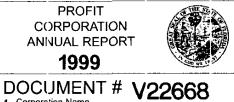
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90056 045 \*\*\*150.00

HSC CL	OSET CLINIC, INC.										
Principal Plac	e of Business	Mailing Address					MANT MINDER INDIA HEDIR ANCER A				B14 B1611 1681
1314 NEPTUNE	: DR	1314 NEPTUNE DR									
BAYS 7 & 8	-	BAYS 7 & 8	÷			ļ				_	
BOYNTON ECH FL 33426 BOYNTON BCH FL 3342							DO NOT WRI	TE IN THIS	SPACI	Ξ	
US		US					corporated or Qualifed				
							<u>)/1992</u>			1.	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Ni			-	+	lied For
21		26				65-0	322919		40		Applicable
Suite, Act. #, etc.		Suite, Apt. #, etc.				5. Certifo	ate of Status Desired			roa ee Red	ditional
22		27 City & State									
City & Star	te	City & State					n Campaign Financing				/lay Be Fees
23		28	Cou				und Contribution				- 1662
Zip	Cour try	Zip	_	ritry			rporation owes the cur	ent year ni	angible Yes		<b>X</b> 00
24	25	29 Registered Agent	30				al Property Tax. and Address of New I	Renisters d		,	~~
	9. Name and Address of Current	Registered Agent		81	Name	TV. Name	and Address of Mew I	rafinger e	Ayent		
F): II	NGS INC.			"	, 10(1)G						
	2 N.W. 16TH STREET			82	Street Ac d	ress (P.O. Box	Number is Not Accept	able)			
	RT LAUDERDALE FL 33311										
FUF	I DAUDERDALE FL 33311			83							
				84	City				85	Zip C	ode
	to the provisions of Sections 607.0502				,			<u> </u>	- ! - !		
SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT E)  12. OFFICERS AND DIRECTORS			<u> </u>	Registered Agent signature require			)NS/CHANGES TO OF	DATE FICERS AN	ND DIRI	ECTO	RS IN 12
TITLE	D	DELETE	1,1 TITLE						☐ Ch		Addition
NAME	CHAMBLESS, SIDNEY W.		1.2 NAME								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33405			ry-st-							
TITLE	D	☐ DELETE	2.1 TIT						☐ Ch	ange	Addition
NAME	CHAMBLESS, HOLLY RAE	_	2.2 NAME								
STREET ADDRESS	ARE MATERIA DD			3 STREET ADDRESS							
	WEST PALM BEACH FL 33405		4		}						
CITY-ST-ZIP TITLE	WEST FAUN DEACHTTE 33403	☐ DELETE	2. 4 Cl		-417	-			Ch	ange	Addition
			3.2 NA						_	-	
NAME CTREET ADODE 20					ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP		DELETE	3.4. CI		- 211				☐ Ch	ange	Addition
NAME			4, 2 N						_	-	
					ADDRESS						
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CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT		-				☐ Ch	ange	Addition
NAME			5.2 NA							-	
					ADDRESS						
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CITY-ST-ZIP TITLE		☐ DELETE	6 1 TIT		-				_ Ch	ange	Addition
					1				_	-	_
NAME			62 NA	ME	1						
					ADDRESS						
STREET ADDRE 3S CITY-ST-ZIP			6.3 ST		ADDRESS						

14. I hereby certify that the information supplied with this filing does not qualify fir the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report crysupplemental 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 corpora ion on the receiver or trustee/empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charteed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR