

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90132 001 ***150.00

DOCUMENT # P00000014204

1. Entity Name

SERENITY CENTER FOR INTEGRATIVE MEDICINE, INC. ✓

Principal Place of Business 9430 Turkey Lake Rd. Suite 102 Orlando, FL 32819	Mailing Address c/o Webster & Partners, P.L. PO Box 2310 Winter Park, FL 32790-2310
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3625123	Applied For Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~Lyn Witter, PhD.~~
~~Sand Lake Physician's Bldg.~~
~~9430 Turkey Lake Rd, Ste 102~~
~~Orlando, FL 32819~~

7. Name and Address of New Registered Agent

Name W & P Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Road, Suite 101
City Winter Park FL Zip Code 32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* David A. Webster *[Signature]* 5 April 01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DP	Witter, Douglas, MD	9430 Turkey Lake Rd, Ste 102	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
V	Witter, Lisa, ARNP	9430 Turkey Lake Rd., Ste 102	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
V	Witter, Laura ARNP	9430 Turkey Lake Rd, Ste 102	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
S	Witter, David SCD	9430 Turkey Lake Rd, Ste 102	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
T	Witter, Lyn PhD	9430 Turkey Lake Rd., Ste 102	Orlando, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Douglas Witter, MD 4/24/01 407-365-7478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)