

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90005 005 \*\*\*150.00

**DOCUMENT # P00000014204**  
**1. Entity Name**  
**SERENITY CENTER FOR INTEGRATIVE MEDICINE, INC.**

<b>Principal Place of Business</b> 9430 TURKEY LAKE RD., STE. 102 ORLANDO FL 32819	<b>Mailing Address</b> C/O WEBSTER & PARTNERS. P.L. PO BOX 2310 WINTER PARK FL 32790-2310
--	--



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 59-3625123		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>					
<b>W &amp; P SERVICES, INC</b> <b>1936 LEE ROAD</b> <b>SUITE 101</b> <b>WINTER PARK FL 32819</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	---	--	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITTER, DOUGLAS M.D.			NAME	Witter, Douglas, M.D.		
STREET ADDRESS	9430 TURKEY LAKE RD., STE. 102			STREET ADDRESS	2064 Winter Springs Blvd.		
CITY-ST-ZIP	ORLANDO FL 32819			CITY-ST-ZIP	Oviedo, Florida 32765		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITTER, LISA ARNP			NAME	Witter, Lisa ARNP		
STREET ADDRESS	9430 TURKEY LAKE RD., STE. 102			STREET ADDRESS	2064 Winter Springs Blvd.		
CITY-ST-ZIP	ORLANDO FL 32819			CITY-ST-ZIP	Oviedo, FL 32765		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITTER, LAURA ARNP			NAME	Witter, Laura ARNP		
STREET ADDRESS	9430 TURKEY LAKE RD., STE. 102			STREET ADDRESS	2064 Winter Springs Blvd.		
CITY-ST-ZIP	ORLANDO FL 32819			CITY-ST-ZIP	Oviedo, FL 32765		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITTER, DAVID SCD			NAME	Witter, David SCD		
STREET ADDRESS	9430 TURKEY LAKE RD., STE. 102			STREET ADDRESS	2064 Winter Springs Blvd.		
CITY-ST-ZIP	ORLANDO FL 32819			CITY-ST-ZIP	Oviedo, FL 32765		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WITTER, LYN PHD			NAME	Witter, Lyn, PhD		
STREET ADDRESS	9430 TURKEY LAKE RD., STE. 102			STREET ADDRESS	2064 Winter Springs Blvd.		
CITY-ST-ZIP	ORLANDO FL 32819			CITY-ST-ZIP	Oviedo, FL 32765		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**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:** Douglas Witter, M.D. **Douglas Witter, M.D.** **407-691-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc # 5123916 / 5123916



**WEBSTER  
& PARTNERS, P.L.**

ATTORNEYS AND BUSINESS CONSULTANTS

TRADITIONAL LEGAL SERVICES  
COMMON SENSE APPROACH

**David A. Webster, Esq.**  
President/Managing Member  
**BOARD CERTIFIED TAX LAWYER**  
Admitted: Florida and Georgia

Direct Number: 407.691.0503

E-mail: [dwebster@wplawyers.com](mailto:dwebster@wplawyers.com)

5 March 2002

**Via Certified Mail - RRR**

Florida Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

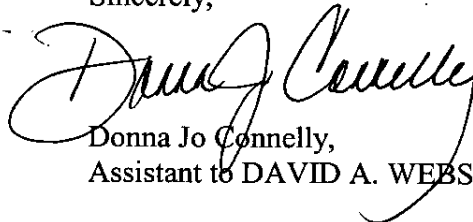
**Re: Serenity Center for Integrative Medicine, Inc.**

Ladies and Gentlemen:

Enclosed with this letter is the 2002 Uniform Business Report for the above referenced corporation. Also enclosed is check #1161 in the amount of \$150.00 for the filing of same.

Thank you for your immediate attention to the filing of this annual report.

Sincerely,



Donna Jo Connelly,  
Assistant to DAVID A. WEBSTER

Enclosures

P.O. BOX 2310  
1936 LEE ROAD, SUITE 101  
WINTER PARK, FLORIDA 32790-2310  
407.691.0500  
Fax: 407.691.0501