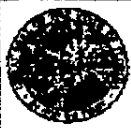


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000126751			
1. Entity Name AYALA & GIAGONELLI ALTERNATIVE CLINIC, P.A.			
Principal Place of Business 3551 W LAKE MARY BLVD STE 207 LAKE MARY, FL 32746		Mailing Address 3551 W LAKE MARY BLVD STE 207 LAKE MARY, FL 32746	
 DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CAPKO, ROBERT J 365 WAYMONT COURT STE 105 LAKE MARY, FL 32748		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		1000000154656 05/05/04-80005-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PTD		
NAME	AYALA, MELISA		
STREET ADDRESS	1456 ROYAL TERRACE		
CITY-ST-ZIP	DELTONA, FL 32738		
TITLE	VSD		
NAME	GIAGONELLI, JENNIFER		
STREET ADDRESS	407 ABENO TERRACE		
CITY-ST-ZIP	DELTONA, FL 32725		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jennifer Giagonelli</i>		<i>Jennifer Giagonelli</i> 4/28/04 407-328-759	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE	