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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000073258 (1)**

1. Corporation Name

**ACUPUNCTURE & NATURAL HEALING CENTER OF PORT ST.
LUCIE, INC.**

Principal Place of Business

**8500 SOUTH US HIGHWAY 1, SUITE 8
PORT SAINT LUCIE FL 34952**

Mailing Address

**8500 SOUTH US HIGHWAY 1, SUITE 8
PORT SAINT LUCIE FL 34952-330**

3. Date Incorporated or Qualified

09/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 8595 S. US HIGHWAY #1

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 8595 S US Highway #1

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0692907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 **PD** ☐ DELETE

NAME **MULLEN, RONALD M**
STREET ADDRESS **8500 SOUTH US HIGHWAY 1, SUITE 8**
CITY- ST- ZIP **PORT SAINT LUCIE FL 34952**

TITLE **VSTD** ☐ DELETE

NAME **THURMAN, BARBARA S**
STREET ADDRESS **8500 SOUTH US HIGHWAY 1, SUITE 8**
CITY- ST- ZIP **PORT SAINT LUCIE FL 34952**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

1.1 NAME

1.2 STREET ADDRESS

1.3 CITY- ST- ZIP

☐ Change ☐ Addition

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4. TITLE

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY- ST- ZIP

☐ Change ☐ Addition

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

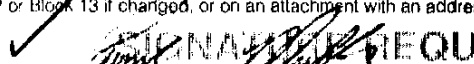
6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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: 

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)