2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90469 043 ***158.75

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DOCUMENT # P96000073258

1. Entity Name
ACUPUNCTURE & NATURAL HEALING CENTER OF PORT ST.

Principal Place of Business	Mailing Address
8505 SOUTH US #1 SUITE 8 PORT SAINT LUCIE FL 34952 US	8505 SOUTH US #1 SUITE 8 PORT SAINT LUCIE FL 34952 US

C00035057

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
915 E Ocean Blvd	915 E Ocean Blvd.
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.: Suite 5
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 — Country: USA	Zip: 34994 — Country: USA

4. FEI Number 65-0692927 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THURMAN, BARBARA
8505 SOUTH US#1
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: Barbara Thurman
Street Address (P.O. Box Number is Not Acceptable): 915 E Ocean Blvd.
Suite 5
City: Stuart FL Zip Code 34994

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 Barbara Thurman, Vice President — Jan 27, 2001
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. (See criteria on back) ☒

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: PD NAME: MULLEN, RONALD STREET ADDRESS: 8505 SOUTH US #1, SUITE 8 CITY-ST-ZIP: PORT SAINT LUCIE FL 34952	☒ Delete	TITLE: President NAME: Mullen, Ronald STREET ADDRESS: 915 E Ocean Blvd., Suite 5 CITY-ST-ZIP: Stuart, FL 34994	XX ☒ Change ☐ Addition
TITLE: VSTD NAME: THURMAN, BARBARA STREET ADDRESS: 8505 SOUTH US #1, SUITE 8 CITY-ST-ZIP: PORT SAINT LUCIE FL 34952	☒ Delete	TITLE: V. Pres,. Sec-Treas NAME: Thurman, Barbara STREET ADDRESS: 915 E Ocean Blvd., Suite 5 CITY-ST-ZIP: Stuart, FL 34994	XX ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Barbara Thurman — Jan 27, 2001 — (561) 781-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #