

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90031 001 ***163.75

DOCUMENT # P96000073258

1. Entity Name
ACUPUNCTURE & NATURAL HEALING CENTER, INC.



Principal Place of Business
**915 E OCEAN BLVD
SUITE 5
STUART, FL 34994 US**

Mailing Address
**915 E OCEAN BLVD
SUITE 5
STUART, FL 34994 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0692927

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THURMAN, BARBARA
915 E OCEAN BLVD
SUITE 5
STUART, FL 34994**

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. 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 reinstating)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MULLEN, RONALD
915 E OCEAN BLVD SUITE 5
STUART, FL 34994**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPST
THURMAN, BARBARA
915 E OCEAN BLVD SUITE 5
STUART, FL 34994**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-04 772-781-5353