FROM :FIT REHAB FAX NO. :7722839681

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90101 007 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000073258

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

14016144

Principal Place of Business	Mailing Address
915 E OCEAN BLVD SUITE 5 STUART, FL 34994 US	915 E OCEAN BLVD SUITE 5 STUART, FL 34994 US
2. Principal Place of Business: 921 E Ocean Blvd #2	3. Mailing Address: 921 E Ocean Blvd #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

04272005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0692927 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THURMAN, BARBARA
915 E OCEAN BLVD
SUITE 5
STUART, FL 34994

7. Name and Address of New Registered Agent
Name: Thurman, Barbara
Street Address (P.O. Box Number is Not Acceptable): 921 E Ocean Blvd #2
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 10		
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	P Mullen, Ronald 921 E Ocean Blvd. Stuart, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST THURMAN, BARBARA 915 E OCEAN BLVD SUITE 5 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ST Thurman, Barbara 921 E Ocean Blvd. Stuart, FL 34994	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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] VP 4/27/05 772-781-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #