2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90006 021 ***150.00

DOCUMENT # P99000014299

1. Entity Name

VETERINARY ACUPUNCTURE & COMPLEMENTARY THERAPY,

Principal Place of Business	Mailing Address
10773 WILLOWWOOD CT CLERMONT FL 34711	10773 WILLOWWOOD CT CLERMONT FL 34711-8987

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
742 Clay St	
Suite, Apt. #, etc.: Winter Park	Suite, Apt. #, etc.:
City & State: FL	City & State:
Zip: 32789 Country: USA	Zip: Country:

4. FEI Number: 59-3560308 ☐ Applied For ☐ Not Applicable

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
JORDAN, EDWARD P II 13543 E HWY 50 CLERMONT FL 34711	Name: Constance DiNatale Street Address (P.O. Box Number is Not Acceptable): 10773 Willowwood Ct City: Clermont FL Zip Code: 34711

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: Constance A DiNatale — DATE: 3/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

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, 2000 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DINATALE, CONSTANCE	NAME	
STREET ADDRESS	10773 WILLOWWOOD CT	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Constance A DiNatale DVM — Date: 3/27/00 — Daytime Phone #: (407) 644-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR