

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90029 015 ***150.00

DOCUMENT # P99000014299

1. Entity Name

**VETERINARY ACUPUNCTURE & COMPLEMENTARY
THERAPY, INC.**



Principal Place of Business

**742 CLAY ST
WINTER PARK FL 32789
US**

Mailing Address

**10773 WILLOWWOOD CT
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

742 Clay St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Park FL

Zip

Country

Zip

Country

32789

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

**DI NATALE, CONSTANCE
10773 WILLOWWOOD CT
CLERMONT FL 34711**

Name

D. Natale, Constance

Street Address (P.O. Box Number is Not Acceptable)

742 Clay St

City

Winter Park

FL

Zip Code

32789

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

Constance A. Di Natale

3-8-04

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

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **D**
STREET ADDRESS **DINATALE, CONSTANCE**
CITY-ST-ZIP **10773 WILLOWWOOD CT
CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **DINATALE, Constance**
CITY-ST-ZIP **PO BOX 120964
Clermont FL 34712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

Constance A. Di Natale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-644 0080