

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 573438  
1. Corporation Name

Chan Acupuncture Clinic of Florida, Inc

Principal Place of Business Mailing Address  
35 Barkley Circle, Suite 2  
Fort Myers, FL 33907

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	24 May 78		
4.	FEL Number		Applied For
	59-1811704		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		\$5.00 May Be Added to Fees
6.	Election Campaign Financing Trust Fund Contribution		
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

Yam Ping Chan  
35 Barkley Circle, Suite 2  
Fort Myers, FL 33907

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P/O	<input type="checkbox"/> DELETE
NAME	Yam Ping Chan	
STREET ADDRESS	35 Barkley Circle, Suite 2	
CITY-ST-ZIP	Fort Myers, FL 33907	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/O	<input type="checkbox"/> DELETE
NAME	Robert M. Neely	
STREET ADDRESS	4000 Del Prado Blvd	
CITY-ST-ZIP	Cape Coral, FL 33904	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	TITLE	
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY-ST-ZIP	

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-05/06/96--01016--038  
\*\*\*200.00

5/1/96 [Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 22 April 96 544-275-3344

CR2E034 (12/95)