

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FLA. STAT. § 607.01

02350

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90014 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **692379**  
 1. Corporation Name  
**ACUPUNCTURE CENTER FOR TRADITIONAL CHINESE MEDICINE, INC.**

Principal Place of Business: 1545 N.E. 167TH STREET, NORTH MIAMI BEACH FL 33162  
 Mailing Address: 1545 N.E. 167TH STREET, NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: **06/29/1981**  
 4. FEI Number: **59-2205993**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**LARSEN, TERRE**  
**1000 W. ISLAND BLVD., #1808**  
**WILLIAMS ISLAND FL 33160**

10. Name and Address of New Registered Agent  
 81 Name: **LARSEN, TERRE**  
 82 Street Address (P.O. Box Number is Not Acceptable): **1000 ISLAND BLVD #1808**  
 83 City: **WILLIAMS ISLAND**  
 84 City: **AVENTURA** FL 85 Zip Code: **33160**

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: *Terre Larsen* **TERRE LARSEN President** DATE: **1-4-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARSEN, TERRE</b>	1.2 NAME	
STREET ADDRESS	<b>1000 W ISLAND BLVD 1808</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 receiver 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, with all other like empowered.

SIGNATURE: *Terre Larsen* **TERRE LARSEN President** DATE: **1-04-98** DAYTIME PHONE #: **305-940-7763**

CR2E034 (1/98)