

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90193 034 ****61.25

DOCUMENT # F01000000675

1. Entity Name

NATIONAL BOARD OF EXAMINERS IN INTEGRATED/ALTERNATIVE MEDICINE AND NATURAL HEALTH SCIENCE, INC.



Principal Place of Business

**PMB 201 - 1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA FL 33950**

Mailing Address

**PMB 201 - 1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-2987904**

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

**THOMPSON, HOWARD O
PMB 201-1133 BAL HARBOR BLVD
STE 1139
PUNTA GORDA FL 33950**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCTD** ☐ Delete
NAME **THOMPSON, HOWARD O**
STREET ADDRESS **512 BELVEDERE CT**
CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE **VSD** ☐ Delete
NAME **MILES, JAMES E**
STREET ADDRESS **1911 NORTH AUSTIN AVE., STE 300**
CITY-ST-ZIP **GEORGETOWN TX**

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

TITLE **VB** ☒ Delete
NAME **IOAKIM, DEBBIE**
STREET ADDRESS **6282 PINE TERRACE CIRCLE**
CITY-ST-ZIP **MILTON FL 32578**

TITLE **VD** ☒ Change ☐ Addition
NAME **LYDIA J.C. GILES**
STREET ADDRESS **6406 N.W. 90TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32653**

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

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TITLE ☐ Delete
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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 617, 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]

4-28-03

941 575 1220

CR2E037 (10/02)