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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

	1996	ALC: NO.	OF CORPORATIONS		
1. Corporation	· · · · · · · · · · · · · · ·	_ /			
HO M	EDICAL ACUPUNCTURE	CLINIC, INC.		1 222/40 6 1/6/ (0.10 1.20 1.10 1.20 1.10 1.10 1.10 1.10	
Principal Place	e of Business	Mailing Address			
	AVENUE NORTH	-			saar arare Britt Britt Bibit Biğle Eifit ibit
	BURG FL 33710	6675 38TH AVENUE I St. Petersburg Fl			
9 Principal D	lace o' Business			 Date Incorporated or Qualified 07/06/1982 	3a. Date of Last Report 04/14/1995
. z. - inciparri 11	INCE D. DUSINESS	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2203083	Not Applicabl
2		27		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip [4]	Country	Zip	Country	8. This corporation has liability for i	
<u> </u>	9. Name and Address of Cur	rent Registered Agent	30	Florida Statutes	🔀 No
		Tone trogistored Agent	81 Name	10. Name and Address of New R	egistered Agent
HO, CHI	I NAN				
6675 38TH AVENUE NO.			82 Street Add	ress (P.O. Box Number is Not Acceptabl	0)
ST. PETI	ERSBURG FL 33709		83		······································
			<u> </u>		
			R4 City		
11. Pursuant t	to the provisions of Sections 607.03	502 and 607.1508, Florida Statul	84 City es, the above-named corpor	ration submits this statement for the purr	FL 85 Zip Code
SIGNATURE _	an, and accept the obligations of, Si	ection 607.0505, Florida Statutes	es, the above named corpored by the corporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	PL xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
SIGNATURE	Signature, typed or printed name of registered a	ection 607.0505, Florida Statutes	es, the above-named corpor	d when renstating)	pose of changing its registered office intment as registered agent. I am
SIGNATURE 12.	Stynahims, typed or printed name of registered a. OFFICE:RS /	ection 607.0505, Florida Statutes	es, the above-named corporated by the corporation's boals.	от альотого. Ттогору ассерт вте арро	DATE PL
SIGNATURE 12. ITTLE	Signature, typed or printed name of registered a. OFFICE:RS / PD HO, CHI NAN	ection 607.0505, Florida Statutes gent and tille it applicable. (NO AND DIRECTORS	es, the above-named corporated by the corporation's boals. 215: Registered Agent signature require	d when renstating)	pose of changing its registered office intment as registered agent. I am
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wered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if a panced, or on an attachpen with an address.

SIGNATURE: X