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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G74330

1. Corporation Name
T.A.O.M.I. ACADEMY OF INTEGRATED MEDICINE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3380 TAMIAMI TRAIL STE B1
SUITE B-1
PORT CHARLOTTE FL 33952
US

Mailing Address
3380 TAMIAMI TRAIL SUITE B1
SUITE B-1
PORT CHARLOTTE FL 33952
US

3. Date Incorporated or Qualified
12/16/1983

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2505888

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country
24 25

Zip Country
29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'APRILE, DELORES A.
3380 TAMIAMI TRAIL
SUITE B-1
PORT CHARLOTTE FL 33952

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME D'APRILE, DELORES A
STREET ADDRESS 24673 NOVA LN
CITY-ST-ZIP PORT CHARLOTTE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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: *Delores A. D'Aprile* Delores A. D'Aprile 3/15/99 (941) 764-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)