

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM**
Secretary of State**DOCUMENT # G74330**1. Entity Name
COLLEGE OF INTEGRATED MEDICINE, INC.Principal Place of Business
3380 TAMiami TRAIL STE B1
SUITE B-1
PORT CHARLOTTE FL
33952 USMailing Address
3380 TAMiami TRAIL SUITE B1
SUITE B-1
PORT CHARLOTTE FL
33952 US2. Principal Place of Business
3380 TAMiami TRAIL3. Mailing Address
3380 TAMiami TRAILSuite, Apt. #, etc.
SUITE B-1Suite, Apt. #, etc.
SUITE B-1City & State
PORT CHARLOTTE FLCity & State
PORT CHARLOTTE FLZip Country
33952 USZip Country
33952 US4. FEI Number
59-2505888Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentD'APRILE, DELORES A.
3380 TAMiami TRAIL
SUITE B-1
PORT CHARLOTTE FL
33952 US**7. Name and Address of New Registered Agent**Name
D'APRILE DELORES A
Street Address (P.O. Box Number is Not Acceptable)
3380 TAMiami TRAIL
SUITE B-1
City
PORT CHARLOTTE FL Zip Code
33952

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.

SIGNATURE **DELORES A. D'APRILE****04/03/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	D	
STREET ADDRESS	24673 NOVA LN	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D'APRILE DELORES A		
STREET ADDRESS	24673 NOVA LN		
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORES A. D'APRILE**PRES 04/03/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)