2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900004280 1. Entity Name FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDIC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Phase of Dunisage						00 JUL 31 PM 1:25				
Principal Place of Business Mailing Address AZOS NIM CTU CTREET					0					
1705 N.W. 6TH STREET 1705 N.W. 6TH STREET GAINESVILLE FL 32609 GAINESVILLE FL 32609							4	A .		
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2. Principal Place of Business 3. Mailing Address					}	T (MB)(M)) DIM IDIM (MI)(ABI)(BA	IIST OB SEL Bu tt) 88 311 8 181 8 118 8 1	FATTE PALL LAND	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
Ch. 8 Co.				4. FEI Number Applied For			unlined For			
City & State		City & State		59	Number 1 - 3588703		<u> </u>	t Applicable		
Zip Country		Zip Count		itry		ificate of Status Desired	[2]	\$5.00 Add		
6. Name and Address of Current F		Pacistered Agent		<u> </u>	<u> </u>			Fee Require	<u> </u>	
o. realite and Address of Oditoric Daylestato Again				7. Name and Address of New Registered Agent Name						
BAXLEY, MILTON H II				Street Address (P.O. Box Number is Not Acceptable)						
1929 N.W. 12TH TERRACE										
GAINESVILLE FL 32609						. <u> </u>				
				City FL Zip Code					€	
8. The above	named entity submits this statement fo	or the purpose of changing its	registere	ed office or registe	red agent,	or both, in the State of Flo	rida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		EII E MC	A4/11): 1	FEE IS \$50.00						
		Make Check Pay							Í	
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9.	MANAGING MEMBE		10.			ADDITIONS/	CHANGES		<u> </u>	
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indicated limited lia	pertify that the information supplied with on this report is true and accurate and bility company or the receiver or trusted	that my signature shall have the improvered to execute this re	me exer ne same eport as	ription stated in Se legal effect as if n required by Chap	ection 119.6 nade unde ter 608, Flo	r oath; that I am a managi orida Statutes.	rurmer cei ing membi	er or manage	r of the	

SIGNITURE AND TYPED OR PRINTED NAMBOF SIGNING MANAGING MEMBER OR MANAGER