

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90131 043 ***150.00

0291160

DOCUMENT # M89390

1. Corporation Name

**YEN'S ACUPUNCTURE AND NEUROMUSCULAR THERAPY CENT
ER, INC.**

Principal Place of Business

**1051 SE 17 ST.
FT LAUDERDALE FL 33316
US**

Mailing Address

**4297 N STATER 7 LAND LAKES
2311 N. ANDREWS AVE.
FT LAUDERDALE FL 33319
US**

2. Principal Place of Business

21 1051 SE 17 ST.

2a. Mailing Address

Suite, Apt. #, etc.

22

27

City & State

23 FT. LAUD Florida

City & State

28

Zip

24 33316

Country

25 U.S.A.

Zip

29

9. Name and Address of Current Registered Agent

**DAVIS, MICHAEL S., ESQ.
2311 N. ANDREWS AVE.
WILTON MANORS FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1988

4. FEI Number

65-0063596

Applied For

Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

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 *Francis Yen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12-30-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **YEN, FRANCIS**
STREET ADDRESS **1051 SE 17TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **CHU, JOHANNA**
STREET ADDRESS **1051 SE 17TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(i), 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:

Francis Yen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-98 957-522-6405

Date

Daytime Phone #

CR2E034 (11/98)