

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90089 016 \*\*\*\*70.00

**DOCUMENT # N02000009430**



1. Entity Name.

THE I.W. LANE COLLEGE OF INTEGRATIVE MEDICINE  
FOUNDATION, INC.

Principal Place of Business

1517 E ROBINSON STREET  
ORLANDO FL 32801-2121

Mailing Address

1517 E ROBINSON STREET  
ORLANDO FL 32801-2121

2. Principal Place of Business

445 N. Wymore Road

Suite, Apt. #, etc.

3. Mailing Address

445 N. Wymore Road

Suite, Apt. #, etc.

City & State

WINTER PARK, FLORIDA

Zip  
32789

Country

ORANGE

City & State

WINTER PARK, FLORIDA

Zip  
32789

Country

ORANGE

4. FEI Number

03-0496387

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, BOB L  
301 S BRONOUGH ST STE 200  
TALLAHASSEE FL 32301-1722

7. Name and Address of New Registered Agent

Name

MILLER, MICHAEL B. MD

Street Address (P.O. Box Number is Not Acceptable)

445 N. Wymore Road

City

WINTER PARK

FL

Zip Code

32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael B. Miller MD* MICHAEL B. MILLER MD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GELDNER, R WILSON 1517 E ROBINSON STREET ORLANDO FL 32801-2121	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLER, MICHAEL B 7100 LAKE ELLENOR DR ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRIS, BOB L 301 S BRONOUGH ST STE 200 TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 445 N. Wymore Road WINTER PARK, FL. 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael B. Miller MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B. MILLER MD 1/23/04

Date

407-629-6991

Daytime Phone #