

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 20, 2007
Secretary of State

DOCUMENT# N02000009430

Entity Name: THE I.W. LANE COLLEGE OF INTEGRATIVE MEDICINE FOUNDATION, INC.**Current Principal Place of Business:**445 N. WYMORE RD.
WINTER PARK, FL 32789**New Principal Place of Business:****Current Mailing Address:**445 N. WYMORE RD.
WINTER PARK, FL 32789**New Mailing Address:****FEI Number:** 03-0496387**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MILLER, MICHAEL B MD
445 N. WYMORE RD.
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**LANE, I. W PH.D.
445 N. WYMORE RD.
WINTER PARK, FL 32789 US

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: I. W. LANE, PH.D.

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: LANE, WILLIAM I
Address: 445 N WYMORE ROAD
City-St-Zip: WINTER PARK, FL 32789**Title:** P (X) Delete
Name: MILLER, MICHAEL B
Address: 445 WYMORE RD.
City-St-Zip: WINTER PARK, FL 32789**Title:** VD (X) Delete
Name: CHEESMAN, DAVID A
Address: 445 N WYMORE ROAD
City-St-Zip: WINTER PARK, FL 32789**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.B. MILLER

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03/20/2007

Electronic Signature of Signing Officer or Director

Date