FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

POCUMENT # N9700005554 (7)

ACUPUNCTURE MEDICAL CENTER, INC OF SOUTH FLORIDA

FILED Jun 25 1998 8:00am Secretary of State

I (ABBAN) AIR INIB 18011 BORIE BOIR ABRIL BOIR BOIR BAIRS GLICH CHINA BIRLI GIOR ROBE

Principal Plac	ce of Business	Mailing Address				ini odnet batal asidi bishi dibi 1001
200 KNUTH ROAD STE 248AB 4742 NW 6 AVE					3 5-11-1-0-12-1	
BOYNTON BEACH FL 33436 POMPANO BEACH FL 33064			064		3. Date Incorporated or Qualified	
					09/29/1997 4. FEI Number	Applied For
					65-0786838	Not Applicable
	Place of Business	2a. Mailing Address		Mal		\$8.75 Additional
21 4845 N. DIXIE HWY 26 4742 N. Suite, Apt. #, etc.				- HUC	Certificate of Status Desired	Fee Required
						\$5.00 May Be
22 27 City & State					Trust Fund Contribution	Added to Fees
23 POMPANO BCh, FL 28 POMPANO BE Zip Country Zip			BEACH	166	7. Is this nonprofit corporation a homeov	
		Zip	Coun	try	8. This corporation owes or has paid the	
24 33	064 25 USA	29 3306 y	30 4	15A	Personal Property Tax due June 30.	☐ Yes 🖫 No
	9. Name and Address of Current	Registered Agent		nel 11	10. Name and Address of New Register	ed Agent
71510	0.18# 01# 7 44#			Name		
THEUS, SAINLOUITANE			8	Street Add	dress (P.O. Box Number is Not Acceptable)	
4742 NW 6 AVE POMPANO BEACH FL 33064				33		· · · · · · · · · · · · · · · · · · ·
PUMPAI	NO DEACH PL 33004		ľ	,3		
			8	City		85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes,				ove-named cor	poration submits this statement for the purpos	e of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of Section 617.0503, Florida State.					ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE SAIN LOUITANE THEUS, PRESIDENT Source Under Signature, typical or provided name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating)						May 5,98
12.				Agent signaturo requ		-3-7-7-7-
TITLE	OFFICERS AND	DELETE	13.	-	ADDITIONS/CHANGES TO OFFICERS	
NAME	PRESIDENT	_	1.1 TITU 1.2 NAM		PHAUNISE JOSE	PH
STREET ADDRESS	BAINLOUITANE	THEUS		EET AODRESS 7	100 N.E 26 - Court	#6
CITY-ST-ZIP	1742 N. W 6 1 AV	: amb BuhiF/ 33	064 14 DITY	-ST-ZIP		3305
TITLE	VICE-PRESIDEN	DELETE	2.1 TITL		72.0	Change Addition
NAME	ALBA LUCIA PERL		2.2 NAM)E		
STREET ADDRESS	2431 N. 59 M Terrace	a under model	2.3 STRE	ET ADORESS		
CITY-ST-ZIP	33 CA1	Howywoodiffe		/-ST-ZIP		
TITLE NAME	ADMINISTRATOR /		3.1 TITLE			Change Addition
CTREET ADDRESS	KESNEL THEUS		3.2 NAM			
CITY-ST-ZIP	4742 N. W 6 MAIC O	antano Ach. Fl 54	3.3 STRE	ET ADDRESS (-ST-ZIP		
TITLE	TREASURER	DELETE	4.1 TITLE			Change Addition
NAME	Dr. BAID Ahmed A		4. 2 NAN	1		
STREET ADDRESS	9873 LAWrence ED:	# I 209	4 3 STRE	ET ADDRESS		
City-St-ZIP	Boynton Bch, Fl 334	36		- ST - ZIP		
TITLE		DELETE	5.1 TITLE	·		Change Addition
NAME	Lenel Theuse		5.2 NAM	E		
STREET ADDRESS	Henel Thems To Hole 4742 N. W 6 h. ABE DOMIN-D Bih, Cl. 33		5.3 STRE	ET ADDRESS		
CITY-ST-ZIP	pomm-08th, C1 33	064	5.4 CITY			
TITLE	l 	DELETE	6.1 TITLE			Change Addition
NAME OTROTT ADDRESS	WIHONG HOD, T,		6.2 NAM			
STREET ADORESS	200 N.W 19 M Sheet	. 7		ET ADDRESS		
1 GD:T-NI-JP	1901 & RUMAN . F	n	■ CACITY	_ C1_7ID I		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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