


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N99000006567 | |  |
| 1. Entity Name FOUNDATION FOR COMPLEMENTARY HEALTH CARE, INC. | | |
| Principal Place of Business 157 APOLLO CIRCLE JUPITER, FL 33477 | Mailing Address 157 APOLLO CIRCLE JUPITER, FL 33477 | |
| DO NOT WRITE IN THIS SPACE | | |
| 5. Name and Address of Current Registered Agent HAYS, ROBERT D PH.D. 157 APOLLO CIRCLE JUPITER, FL 33477 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAYNE, EMMY S 157 APOLLO CIRCLE JUPITER, FL 33477 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HAYS, LYNN S 157 APOLLO CIRCLE JUPITER, FL 33477 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOCKE, MARK MD 157 APOLLO CIRCLE JUPITER, FL 33477 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HAYS, ROBERT D PHD 157 APOLLO CIRCLE JUPITER, FL 33477 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRITZ, JOHN 157 APOLLO CIRCLE JUPITER, FL 33477 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert D. Hays</u> <u>Robert D. Hays</u> <u>1/3/2007</u> <u>561 747 9915</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



01032007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0962723 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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01/03/07 80049-008 61.25

**DO NOT WRITE
IN THIS SPACE**