2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N99000006567

Entity Name: FOUNDATION FOR COMPLEMENTARY HEALTH CARE, INC.

Current Principal Place of Business:

157 APOLLO CIRCLE
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

157 APOLLO CIRCLE
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-0962723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYS, ROBERT D PH.D.
157 APOLLO CIRCLE
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	RAYNE, EMMY S	
Address:	157 APOLLO CIRCLE	
City-St-Zip:	JUPITER, FL 33477	
Title:	SD	( ) Delete
Name:	HAYS, LYNN S	
Address:	157 APOLLO CIRCLE	
City-St-Zip:	JUPITER, FL 33477	
Title:	PD	( ) Delete
Name:	GOCKE, MARK MD	
Address:	157 APOLLO CIRCLE	
City-St-Zip:	JUPITER, FL 33477	
Title:	TD	( ) Delete
Name:	HAYS, ROBERT D PHD	
Address:	157 APOLLO CIRCLE	
City-St-Zip:	JUPITER, FL 33477	
Title:	D	( ) Delete
Name:	FRITZ, JOHN	
Address:	157 APOLLO CIRCLE	
City-St-Zip:	JUPITER, FL 33477	

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:	
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 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: ROBERT D. HAYS TRES 01/09/2008
Electronic Signature of Signing Officer or Director — Date