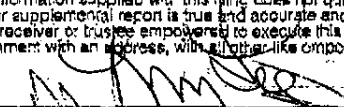


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000076922		
1. Entity Name A CENTER FOR ALTERNATIVE MEDICINE, INC.		
Principal Place of Business 40 FAIRWAY DR. DEERFIELD BCH, FL 33441		Mailing Address 40 FAIRWAY DR. DEERFIELD BCH, FL 33441
DO NOT WRITE IN THIS SPACE		
4. FEI Number: 65-1128827 Applied For: ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
LEGUNN, LARRY 1925 SW 10TH ST. BOCA RATON, FL 33486		
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 _____ (NOTE: Registered Agent signature required when canceling) Signature, typed as printed name of registered agent and title if applicable. DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution ☐ \$8.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	LEGUNN, LARRY DR	
STREET ADDRESS	40 FAIRWAY DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	S	
NAME	LEGUNN, LINDA	
STREET ADDRESS	1925 SW 10TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE
IN THIS SPACE****DO NOT WRITE
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05/05/04-80023-003 150.004-29-04 954428-4770
Date Daytime Phone #