## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000076922

FILED May 01, 2006 Secretary of State

Entity Name: A CENTER FOR ALTERNATIVE MEDICINE, INC.

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
10 FAIRW/ DEERFIEL	AY DR. D BCH, FL 33	441		
Current M	ailing Addres	s:	New Mailing Address	<b>::</b>
SUITE 101	NO GARDENS			
El Number:	65-1128827	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
Γhe above	0TH ST. FON, FL 33486		urpose of changing its registered	d office or registered agent, or both,
1925 SW 1 30CA RAT	OTH ST. FON, FL 33486 named entity set of Florida.		urpose of changing its registered	d office or registered agent, or both,
1925 SW 1 3OCA RAT The above n the State	OTH ST. FON, FL 33486 named entity s of Florida.  RE:			d office or registered agent, or both,  Date
1925 SW 1 BOCA RAT The above In the State BIGNATUF In accordance Election Can	OTH ST. FON, FL 33486 named entity set of Florida. RE: Electron set with s. 607.193	ubmits this statement for the price of Registered Age (2)(b), F.S., the corporation did not Trust Fund Contribution ().	nt receive the prior notice.	Date
1925 SW 1 BOCA RATE A BOOMER THE STATE OF TH	OTH ST. FON, FL 33486 named entity set of Florida. RE: Electron set with s. 607.193 npaign Financing S AND DIRECT	ubmits this statement for the price Signature of Registered Age (2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	nt receive the prior notice.  ADDITIONS/CHANGE	Date ES TO OFFICERS AND DIRECTORS:
1925 SW 1 BOCA RAT The above In the State BIGNATUF In accordance Election Can	OTH ST. FON, FL 33486 named entity set of Florida. RE: Electron set with s. 607.193 npaign Financing S AND DIRECT	ubmits this statement for the price Signature of Registered Age (2)(b), F.S., the corporation did not Trust Fund Contribution ( ).  FORS:  Delete Y DR	nt receive the prior notice.  ADDITIONS/CHANGE	Date

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.