

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076922

FILED  
Apr 07, 2007  
Secretary of State

Entity Name: A CENTER FOR ALTERNATIVE MEDICINE, INC.

## Current Principal Place of Business:

40 FAIRWAY DR.  
DEERFIELD BCH, FL 33441

## New Principal Place of Business:

333 CAMINO GARDENS BLVD  
SUITE 101  
BOCA RATON, FL 33432

## Current Mailing Address:

333 W AMINO GARDENS BLVD  
SUITE 101  
BOCA RATON, FL 33432

## New Mailing Address:

333 C AMINO GARDENS BLVD  
SUITE 101  
BOCA RATON, FL 33432

FEI Number: 65-1128827

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGUNN, LARRY  
1925 SW 10TH ST.  
BOCA RATON, FL 33486 US

## Name and Address of New Registered Agent:

LEGUNN, LARRY  
7040 W PALMETTO PK RD.  
4-554  
BOCA RATON, FL 33433 US

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:

04/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEGUNN, LARRY DR  
Address: 40 FAIRWAY DR  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S ( ) Delete  
Name: HESTEN, SANDRA  
Address: 7280 AMBO-LY LN  
City-St-Zip: DELRAY BEACH, FL 33446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEGUNN, LARRY DR  
Address: 333 CA,MINO GARDENS BLVD SUITE 101  
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Change ( ) Addition  
Name: KASTEN, SANDRA  
Address: 7280 AMBERLY LN  
City-St-Zip: DELRAY BEACH, FL 33446

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.

SIGNATURE: LARRY M LEGUNN

PRES

04/07/2007

Electronic Signature of Signing Officer or Director

Date