

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076922

FILED
Apr 22, 2009
Secretary of State

Entity Name: A CENTER FOR ALTERNATIVE MEDICINE, INC.

Current Principal Place of Business:

6018 S.W 18TH ST
SUITE C-11
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7040 W PALMETTO PK. RD
SUITE 4-554
BOCA RATON, FL 33433

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEGUNN, LARRY DR
Address: 6018 S.W 18TH ST
City-St-Zip: BOCA RATON, FL 33433

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

04/22/2009

Electronic Signature of Signing Officer or Director

Date