

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095648

FILED
Jun 01, 2004
Secretary of State

Entity Name: MARCHCO, INC.

Current Principal Place of Business:

6182 NW 53RD CIRCLE
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

P.O BOX 670064
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1142890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name and Address of New Registered Agent:

LOTUS LEAF ACUPUNCTURE MEDICAL CENTER, INC
1505 N UNIVERSITY DRIVE
SUITE 201
CORAL SPRINGS, FL 33071

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: CRAIG CHILD

06/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHILD, MARYANN
Address: P.O BOX 670064
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: CHILD, CRAIG
Address: P.O BOX 670064
City-St-Zip: CORAL SPRINGS, FL 33067

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 for the exemption stated in Section 119.07(3)(i), 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: MARYANN CHILD

P

06/01/2004

Electronic Signature of Signing Officer or Director

Date