

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 037 ***150.00

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1. Entity Name

ALTERNATIVE MEDICINE CLINIC, INC.



Principal Place of Business

~~1546 N US 1~~
SEBASTIAN FL 32958

Mailing Address

~~1546 N US 1~~
SEBASTIAN FL 32958

50020119



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

710 Jackson St
Suite, Apt. #, etc.
Sebastian, FL
32958

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0574620

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, MARIA
~~1546 N US 1~~
SEBASTIAN FL 32958

change →

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable)

710 Jackson St

City Sebastian

FL

Zip Code

32958

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete
NAME HART, MARIA
STREET ADDRESS 1546 N US 1
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE STD ☒ Delete
NAME RICH, CYNTHIA
STREET ADDRESS 1546 N US 1
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD ☒ Change ☐ Addition
NAME maria Hart
STREET ADDRESS 710 Jackson St
CITY-ST-ZIP Sebastian FL 32958

TITLE STD ☐ Change ☒ Addition
NAME Abbott, Jacquelyn
STREET ADDRESS 710 Jackson St
CITY-ST-ZIP

TITLE Sebastian, Fla. 32958 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 772-589-8931

Date

Daytime Phone #