5/22

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-22-2002 90125 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119979

1. Entity Name

ACUPUNCTURE AND ORIENTAL MEDICINE CLINIC, P.A.

37819 [redacted]

Principal Place of Business	Mailing Address
4323 NW 43RD PLACE GAINESVILLE FL 32606	4323 NW 43RD PLACE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2606 NW 16th Str		2606 NW 16th Str	
Suite, Apt. #, etc.: SUITE O		Suite, Apt. #, etc.: Suite D	
City & State: Gainesville FL		City & State: Gainesville FL	
Zip: 32609	Country: USA	Zip: 32609	Country: USA

4. FEI Number: 01-0558800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DREYFUS, JOYCE 4323 NW 43RD PLACE GAINESVILLE FL 32606	Name: Joyce Dreyfus Street Address (P.O. Box Number is Not Acceptable): 4323 NW 43 PL City: Gainesvill FL Zip Code 32606

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.

SIGNATURE ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Keith Tillman 4323 NW 43 PL Gainesville FL 32606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce Dreyfus 4/24/02 352 373 4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #