

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000004153

1. Entity Name

SOUTH TAMPA ORIENTAL MEDICINE INC.



FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90274 031 ***150.00



MOORE CR2E034 (11/03)

Principal Place of Business		Mailing Address	
3716 W. SWANN AVE. SUITE B TAMPA FL 33609		3716 W. SWANN AVE. SUITE B TAMPA FL 33609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAFFER, JANET K 3716 W. SWANN AVE. SUITE B TAMPA FL 33609		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
		FL Zip Code _____	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SHAFFER, JANET K 3716 W. SWANN AVE. TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 813 870-6781
Date Daytime Phone #