


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90129 020 \*\*\*150.00

<b>DOCUMENT # P02000041246</b>			
1. Entity Name <b>LANGE'S ALTERNATIVE MEDICAL PRACTICE, P.A.</b>			
Principal Place of Business <b>820 NORTH STATE ROAD 434 ALTAMONTE SPRINGS FL 32714</b>		Mailing Address <b>820 NORTH STATE ROAD 434 ALTAMONTE SPRINGS FL 32714</b>	
2. Principal Place of Business <b>3525 Lake Mary Blvd.</b>		3. Mailing Address <b>3525 Lake Mary Blvd.</b>	
Suite, Apt. #, etc. <b>Suite: 303</b>		Suite, Apt. #, etc. <b>Suite: 303</b>	
City & State <b>Lake Mary, FL</b>		City & State <b>Lake Mary, FL</b>	
Zip <b>32746</b>	Country <b>USA</b>	Zip <b>32746</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>LANGE, MARIA S DOM, AP, 820 NORTH STATE ROAD 434 ALTAMONTE SPRINGS FL 32714, US</b> <b>*Change of Address to Above.</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P LANGE, MARIA S 820 N SR 434 3525 Lake Mary Blvd; STE 303 ALTAMONTE SPRINGS FL 32714 Lake Mary, FL 32746</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/12/04</b> Daytime Phone # <b>407-377-4963</b>	



MOORE CR2E034 (11/03)