

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000093470



1. Entity Name
 CENTER FOR ACUPUNCTURE AND COMPLEMENTARY MEDICINE, INC.

Principal Place of Business
 72222 S. TAMiami TRl STE 103
 SARASOTA, FL 34231

Mailing Address
 3610 ALMERIA AVE
 SARASOTA, FL 34239



06242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0574123	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCLAIN, GEORGE R ESQ.
 1800 SECOND ST STE 717
 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAYERS DE FUNES, LENORE B 3610 ALMERIA AVE SARASOTA, FL 34239
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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 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: *Lenore B. Sayers de Funes, Director June 24, 2005*
 941-926-3226