2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# P02000093470

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

Current Principal Place of Business:

4370 S. TAMIAMI TRAIL
312
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

3610 ALMERIA AVE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 81-0574123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAYERS DE FUNES, LENORE B
Address: 3610 ALMERIA AVE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE B. SAYERS DE FUNES, A.P. D 03/26/2008

Electronic Signature of Signing Officer or Director Date