

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90105 003 ***158.75

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



Principal Place of Business
**3610 ALMERIA AVE
SARASOTA FL 34239**

Mailing Address
**3610 ALMERIA AVE
SARASOTA FL 34239**



2. Principal Place of Business
3529 S TUTTLE AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FLA

City & State

4. FEI Number
81-0574123

Applied For

Not Applicable

Zip
34239

Country
USA

Zip

Country

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

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	D SAYERS DE FUNES, LENORE B 3610 ALMERIA AVE SARASOTA FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 lines empowered.

SIGNATURE: *Lenore B. Sayers de Funes* 2-19-03 941.926.3226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/02)