2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004
Secretary of State

DOCUMENT# P02000109271

Entity Name: ACUPUNCTURE CENTER OF SARASOTA, INC.

Current Principal Place of Business:

6981 CURTISS AVE., SUITE 3
SARASOTA, FL

New Principal Place of Business:

6981 CURTISS AVE., SUITE 3
SARASOTA, FL 34231

Current Mailing Address:

6981 CURTISS AVE., SUITE 3
SARASOTA, FL

New Mailing Address:

6981 CURTISS AVE., SUITE 3
SARASOTA, FL 34231

FEI Number: 54-2084599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AHLQUIST, RICHARD D
2088 HAWTHORNE ST.
SARASOTA, FL 34239 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CARMICHAEL, LARISSA
Address: 6981 CURTISS AVE., SUITE 3
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete
Name: SWEENEY, THOMAS
Address: 6981 CURTISS AVE., SUITE 3
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CARMICHAEL, LARISSA
Address: 6981 CURTISS AVE., SUITE 3
City-St-Zip: SARASOTA, FL 34231

Title: VD (X) Change ( ) Addition
Name: SWEENEY, THOMAS
Address: 6981 CURTISS AVE., SUITE 3
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARISSA CARMICHAEL PSTD 06/15/2004

Electronic Signature of Signing Officer or Director — Date