## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P03900001794 FILED WINTER PARK COMPLEMENTARY MEDICINE, INC. 06 SEP 21 AH 8: 08 Principal Place of Business Mailing Address SECHETARY OF STATE ALLAHASSEE, FLORIDA 1111 N KENTUDKYAJE 1111 N KENTLOKYAVE WINTERPARK FL 32789 WINTERPARK FL 32789 CR2E034 (11/05) 05052006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1641893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEINMETZ, MATTHEW A.DR. DO NOT WRITE 1111 N: KENTUCKY AVE. IN THIS SPACE WINTER PARK, FL 32789 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 Matthew Steinmetz SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME STEINMETZ, MATTHEW A DR STREET ADDRESS 1111 N. KENTUCKY AVE SUITE B CITY-ST-ZIP WINTER PARK, FL 32789 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CJTY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

9. 18.06

8/29/2006-90061-008-\$550.00-\$550.00