

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90005 004 \*\*\*158.75

**DOCUMENT # P03000017260**

1. Entity Name  
ACUPUNCTURE AND ORIENTAL MEDICINE, INC.



Principal Place of Business

235 6TH STREET N.W.  
UNIT 201  
WINTER HAVEN, FL 33881 US

Mailing Address

235 6TH STREET N.W.  
UNIT 201  
WINTER HAVEN, FL 33881 US

44050797



2. Principal Place of Business

211 Avenue G, S.W.

Suite, Apt. #, etc.  
WINTER HAVEN, FL

City & State  
WINTER HAVEN, FL

Zip  
33880

Country  
USA

3. Mailing Address

524 Sunshine Dr.

Suite, Apt. #, etc.

City & State  
LAKE WALES FL

Zip  
33859-8754

Country  
USA

07012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3767145

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAZET, ANNE M  
235 6TH STREET N.W.  
UNIT 201  
WINTER HAVEN, FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

524 SUNSHINE DR

City LAKE WALES

FL

Zip Code 33859-8754

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	DAZET, ANNE M	
STREET ADDRESS	235 6TH STREET N.W., UNIT 201	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DREW, DARCY L	
STREET ADDRESS	235 6TH STREET N.W., UNIT 201	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYNCH, RONALD MD	
STREET ADDRESS	211 AVENUE G S.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FABRIZIO, BETTIE J	
STREET ADDRESS	235 6TH STREET N.W., UNIT 201	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	524 SUNSHINE DR	
STREET ADDRESS	LAKE WALES, FL 33859-8754	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	524 SUNSHINE DR	
STREET ADDRESS	LAKE WALES FL 33859-8754	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	524 SUNSHINE DR	
STREET ADDRESS	LAKE WALES FL 33859-8754	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE

*Anne M Dazet*