

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017260

FILED  
May 14, 2008  
Secretary of State

Entity Name: ACUPUNCTURE AND ORIENTAL MEDICINE, INC.

## Current Principal Place of Business:

211 AVENUE G SW  
WINTER HAVEN, FL 33880 US

## New Principal Place of Business:

306 AVENUE C N.E.  
WINTER HAVEN, FL 33881 US

## Current Mailing Address:

524 SUNSHINE DR  
LAKE WALES, FL 338598754 US

## New Mailing Address:

306 AVENUE C N.E.  
WINTER HAVEN, FL 33881 US

FEI Number: 59-3767145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAZET, ANNE M  
524 SUNSHINE DR  
LAKE WALES, FL 338598754 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: PD ( ) Delete  
Name: DAZET, ANNE M  
Address: 524 SUNSHINE DR  
City-St-Zip: LAKE WALES, FL 338598754 US

Title: VPD ( ) Delete  
Name: DREW, DARCY L  
Address: 524 SUNSHINE DR  
City-St-Zip: LAKE WALES, FL 338598754 US

Title: VP ( ) Delete  
Name: LYNCH, RONALD MD  
Address: 524 SUNSHINE DR  
City-St-Zip: LAKE WALES, FL 338598754

Title: ST ( ) Delete  
Name: FABRIZIO, BETTIE J  
Address: 524 SUNSHINE DR  
City-St-Zip: LAKE WALES, FL 338598754 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANNE M. DAZET

PD

05/14/2008

Electronic Signature of Signing Officer or Director

Date