

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000017260

FILED
May 19, 2008
Secretary of State**Entity Name:** ACUPUNCTURE AND ORIENTAL MEDICINE, INC.**Current Principal Place of Business:**306 AVENUE C N.E.
WINTER HAVEN, FL 33881 US**New Principal Place of Business:****Current Mailing Address:**306 AVENUE C N.E.
WINTER HAVEN, FL 33881 US**New Mailing Address:**524 SUNSHINE DRIVE
LAKE WALES, FL 33859 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:**DAZET, ANNE M
524 SUNSHINE DR
LAKE WALES, FL 33859 US

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:

05/19/2008

Electronic Signature of Registered Agent_____
Date**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 (X) Delete
Name: FABRIZIO, BETTIE J
Address: 524 SUNSHINE DR
City-St-Zip: LAKE WALES, FL 338598754 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: DAZET, ANNE M
Address: 524 SUNSHINE DR
City-St-Zip: LAKE WALES, FL 33859 US

Title: VPD (X) Change () Addition
Name: DREW, DARCY L
Address: 524 SUNSHINE DR
City-St-Zip: LAKE WALES, FL 33859 US

Title: VP (X) Change () Addition
Name: LYNCH, RONALD MD
Address: 524 SUNSHINE DR
City-St-Zip: LAKE WALES, FL 33859 US

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

P

05/19/2008

Electronic Signature of Signing Officer or Director_____
Date