

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90023 015 ***158.75

DOCUMENT # P03000053085					
1. Entity Name ALTERNATIVE MEDICAL CENTER OF FORT LAUDERDALE, INC.					
Principal Place of Business 16 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33334 US			Mailing Address 3475 SHERIDAN STREET 210 HOLLYWOOD, FL 33021 US		
2. Principal Place of Business		3. Mailing Address 16 E OAKLAND PARK BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FORT LAUDERDALE, FL		4. FEI Number 06-1694843	
Zip		Zip 33334		Country US	
Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KETOVER, STEVE 3475 SHERIDAN STREET 210 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: MERNAN-L ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable): 2298 NW BOCA RATON BLVD. SUITE 19 City: BOCA RATON FL Zip Code: 33431		
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: <u>Zhenzhen Wu</u> DATE: <u>3.3.04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WU, ZHENZHEN DR 16 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Zhenzhen Wu</u>		DATE: <u>3.3.04</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			